



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3729/P1
GMM:kjfjf

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RMR

IN 112

DNOTE

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Wanted 118

Today

Sec aff'd ✓

, granting rule-making authority,

Regiment

1 AN ACT *to renumber and amend* 102.07 (12m) and 102.23 (1) (a); *to amend*
2 20.445 (1) (ra), 102.01 (2) (d), 102.03 (4), 102.04 (1) (a), 102.07 (1) (a), 102.07 (1)
3 (b), 102.07 (3), 102.07 (7) (a), 102.07 (10), 102.077 (1), 102.077 (2), 102.13 (2) (c),
4 102.18 (3), 102.18 (4) (b), 102.21, 102.23 (1) (c), 102.23 (1) (cm), 102.29 (8),
5 102.43 (5) (c) and 108.10 (4); and *to create* 102.07 (12m) (a), 102.80 (1) (f) and
6 102.81 (1) (c) of the statutes; **relating to:** various changes to the worker's
7 compensation law and making an appropriation.

Analysis by the Legislative Reference Bureau

This bill makes various changes to the worker's compensation law, as administered by the Department of Workforce Development (DWD).

GENERAL COVERAGE

Local governmental units

Under current law, each county, city, town, village, school district, sewer district, drainage district, long-term care district, and other public or quasi-public corporation (municipality) is liable for worker's compensation when an employee in the service of the municipality, whether elected, appointed, or under a contract of hire, is injured while performing services growing out of and incidental to his or her employment.

This bill changes the term "municipality" to "local governmental unit" for purposes of the worker's compensation law and redefines that term to mean a political subdivision of this state; a special purpose district or taxing jurisdiction in this state; an instrumentality, corporation, combination, or subunit of any of the foregoing; or any other public or quasi-public corporation. Under current law, cities, villages, towns, and counties are political subdivisions of this state; special purpose districts include school districts, sewer districts, drainage districts, long-term care districts, and other districts created for special purposes; and taxing jurisdictions are entities, not including the state, that are authorized by law to levy property taxes.

Postsecondary students participating in work study programs

Currently, a student of a public school or a private school, while he or she is engaged in performing services as part of a school work training, work experience, or work study program, who is not on the payroll of an employer that is providing the work training or work experience or who is not otherwise receiving compensation on which a worker's compensation carrier could assess premiums on that employer, is an employee of a school district or private school that elects to name the student as an employee for purposes of worker's compensation coverage. Also, under current law, a student who is named as an employee of a school district or private school for purposes of worker's compensation coverage and who makes a claim for worker's compensation against his or her school district or private school may not also make a claim for worker's compensation or maintain an action in tort against the employer that provided the work training or work experience from which the claim arose.

This bill extends those provisions to a student of an institution within the University of Wisconsin System, a technical college, a tribally controlled college, a school approved by the Educational Approval Board, or a private, nonprofit institution of higher education located in this state (institution of higher education). Specifically, under the bill, a student of an institution of higher education, while he or she is engaged in performing services as part of a school work training, work experience, or work study program, who is not on the payroll of an employer that is providing the work training or work experience or who is not otherwise receiving compensation on which a worker's compensation carrier could assess premiums on that employer, is an employee of an institution of higher education that elects to name the student as an employee for purposes of worker's compensation coverage. The bill also provides that a student who is named as an employee of an institution of higher education for purposes of worker's compensation coverage and who makes a claim for worker's compensation against that institution may not also make a claim for worker's compensation or maintain an action in tort against the employer that provided the work training or work experience from which the claim arose.

PAYMENT OF BENEFITS

Vocational rehabilitation

Under current law, an injured employee is entitled to receive compensation for temporary disability while the employee is receiving vocational rehabilitation services under the federal Rehabilitation Act of 1973. If, however, the injury causes only partial disability, the employee's weekly indemnity is the proportion of the weekly indemnity rate for total disability that the actual wage loss of the injured

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employee bears to the injured employee's average weekly wage at the time of injury, *except* that compensation for temporary disability on account of receiving vocational rehabilitation services shall not be reduced on account of any wages earned for the first 24 hours worked by an employee during a week in which the employee is receiving those services and only hours worked in excess of 24 during that week shall be offset against the employee's average weekly wage in calculating compensation for temporary disability. That exception, however, does not apply after April 30, 2014. This bill extends that exception to April 30, 2016.

HEARINGS AND PROCEDURES

Final practitioner's report

Under current law, if an injured employee has a period of temporary disability of more than three weeks or a permanent disability, has undergone surgery to treat an injury, other than surgery to correct a hernia, or sustains an eye injury requiring medical treatment on three or more occasions off the employer's premises, the employer or insurer must submit to DWD a final treating practitioner's report. Current law, however, prohibits DWD from requiring submission of that report when the employer or insurer denies the employee's claim for compensation and the employee does not contest that denial. This bill limits that prohibition to cases in which the employer or insurer denies the employee's claim for compensation *in its entirety*.

Administrative review of a worker's compensation decision

Under current law, a party to a worker's compensation proceeding may petition the Labor and Industry Review Commission (LIRC) for review of a DWD hearing examiner's decision awarding or denying worker's compensation (petition for review) if DWD or LIRC receives the petition for review within 21 days after DWD mailed a copy of the examiner's findings and order to the petitioner's last-known address. Currently, LIRC must dismiss a petition for review that is not timely filed unless the petitioner shows probable good cause that the reason for failure to timely file the petition was beyond the petitioner's control. This bill requires a party to file a petition for review with LIRC, not DWD. The bill also requires LIRC to dismiss a petition for review that is not filed within those 21 days unless the petitioner shows that the petition was filed late for a reason that was beyond the petitioner's control.

Under current law, within 28 days after a decision of LIRC is mailed to the last-known address of each party to a worker's compensation proceeding, LIRC may, on its own motion, set aside the decision for further consideration. This bill permits LIRC to set aside a decision within 28 days after the date of the decision, not the date of its mailing.

Judicial review of a worker's compensation decision

Under current law, a party that is aggrieved by an order or award made by LIRC may commence an action against LIRC in circuit court for judicial review of the order or award (action for judicial review). Current law requires the adverse party to also be made a defendant in an action for judicial review. Recently, a concurring opinion in *Xcel Energy Services, Inc. v. LIRC*, 2013 WI 64, "unequivocally and firmly" recommended that the Council on Worker's Compensation propose legislative

revisions to clarify who must be included as a party in an action for judicial review. *Id.* at p. 71. That concurring opinion further proposed that LIRC consider adopting the practice of providing information with its order or award instructing the parties as to who is to be named as an adverse party in an action for judicial review. *Id.* at p. 73.

This bill requires LIRC to identify in an order or award the persons that must be made parties to an action for judicial review. The bill also requires the summons and complaint in the action to name those persons as defendants. In addition, the bill permits the circuit court to join as a party to the action any other person determined necessary for the proper resolution of the action, unless joinder of the person would unduly delay the resolution of the action.

PROGRAM ADMINISTRATION

Uninsured employers fund

Under current law, if an employee of an uninsured employer suffers an injury for which the uninsured employer is liable, DWD, from the uninsured employers fund, or, if DWD obtains excess or stop-loss reinsurance from a reinsurer, the reinsurer pays benefits to the injured employee that are equal to the worker's compensation owed by the uninsured employer.

This bill requires DWD to pay a claim of an employee of an uninsured employer in excess of \$1,000,000 from the uninsured employers fund in the first instance, but provides that if the claim is not covered by excess or stop-loss reinsurance, the secretary of administration annually must transfer from the worker's compensation operations fund to the uninsured employers fund an amount equal to the amount by which payments from the uninsured employers fund on all such claims in the prior year are in excess of \$1,000,000 per claim, subject to a \$500,000 annual limit on the amount that the secretary of administration may transfer. If the amount to be transferred exceeds that \$500,000 annual limit, the secretary of administration must transfer the amount in excess of \$500,000 in the next calendar year or in subsequent calendar years until the amount in excess of \$500,000 is transferred in full.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

- 1 **SECTION 1.** 20.445 (1) (ra) of the statutes, as affected by 2013 Wisconsin Act 20,
- 2 is amended to read:
- 3 20.445 (1) (ra) *Worker's compensation operations fund; administration.* From
- 4 the worker's compensation operations fund, the amounts in the schedule for the

for assistance to the department of justice in investigating
and prosecuting fraudulent activity related to worker's compensation

1 administration of the worker's compensation program by the department, for
2 transfer to the uninsured employers fund under s. 102.81 (1) (c), and for transfer to
3 the appropriation accounts under par. (rp) and sub. (2) (ra). All moneys received
4 under ss. 102.28 (2) (b) and 102.75 shall be credited to this appropriation account.
5 From this appropriation, an amount not to exceed \$5,000 may be expended each
6 fiscal year for payment of expenses for travel and research by the council on worker's
7 compensation, an amount not to exceed \$500,000 may be transferred in each fiscal
8 year to the uninsured employers fund under s. 102.81 (1) (c), the amount in the
9 schedule under par. (rp) shall be transferred to the appropriation account under par.
10 (rp), and the amount in the schedule under sub. (2) (ra) shall be transferred to the
11 appropriation account under sub. (2) (ra).

12 **SECTION 2.** 102.01 (2) (d) of the statutes is amended to read:

13 102.01 (2) (d) "~~Municipality~~" ~~includes a county, city, town, village, school~~
14 ~~district, sewer district, drainage district and long-term care district and~~ "Local
15 governmental unit" means a political subdivision of this state; a special purpose
16 district or taxing jurisdiction, as defined in s. 70.114 (1) (f), in this state; an
17 instrumentality, corporation, combination, or subunit of any of the foregoing; or any
18 other public or quasi-public corporations corporation.

19 **SECTION 3.** 102.03 (4) of the statutes is amended to read:

20 102.03 (4) The right to compensation and the amount of the compensation shall
21 in all cases be determined in accordance with the provisions of law in effect as of the
22 date of the injury except as to employees whose rate of compensation is changed as
23 provided in ss. 102.43 (7) or 102.44 (1), or (5) or, before May 1, 2014 2016, as provided
24 in s. 102.43 (5) (c) and employees who are eligible to receive private rehabilitative

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, (1m), (4m),

1 counseling and rehabilitative training under s. 102.61 (1m) and except as provided
2 in s. 102.555 (12) (b).

3 **SECTION 4.** 102.04 (1) (a) of the statutes is amended to read:

4 102.04 (1) (a) The state, and each county, city, town, village, school district,
5 sewer district, drainage district, long-term care district and other public or
6 quasi-public corporations therein local governmental unit in this state.
7

8 **SECTION 5.** 102.07 (1) (a) of the statutes is amended to read:

9 102.07 (1) (a) Every person, including all officials, in the service of the state,
10 or of any ~~municipality therein~~ local governmental unit in this state, whether elected
11 or under any appointment, or contract of hire, express or implied, and whether a
12 resident of the state or employed or injured within or without the state. The state
13 and ~~or any municipality~~ local governmental unit may require a bond from a
14 contractor to protect the state or ~~municipality~~ local governmental unit against
15 compensation to employees of such the contractor or to employees of a subcontractor
16 under the contractor. This paragraph does not apply beginning on the first day of the
17 first July beginning after the day that the secretary files the certificate under s.
18 102.80 (3) (a), except that if the secretary files the certificate under s. 102.80 (3) (ag)
19 this paragraph does apply to claims for compensation filed on or after the date
20 specified in that certificate.

21 **SECTION 6.** 102.07 (1) (b) of the statutes is amended to read:

22 102.07 (1) (b) Every person, including all officials, in the service of the state,
23 or of any ~~municipality therein~~ local governmental unit in this state, whether elected
24 or under any appointment, or contract of hire, express or implied, and whether a
25 resident of the state or employed or injured within or without the state. This
paragraph first applies on the first day of the first July beginning after the day that

1 the secretary files the certificate under s. 102.80 (3) (a), except that if the secretary
2 files the certificate under s. 102.80 (3) (ag) this paragraph does apply to claims for
3 compensation filed on or after the date specified in that certificate.

4 **SECTION 7.** 102.07 (3) of the statutes is amended to read:

5 102.07 (3) ~~Nothing herein contained shall prevent municipalities in this~~
6 ~~chapter prevents a local governmental unit from paying teachers, police officers, fire~~
7 ~~fighters and other employees~~ a teacher, police officer, fire fighter, or any other
8 employee his or her full salaries salary during a period of disability, nor interfere
9 interferes with any pension funds fund, nor prevent prevents payment to teachers,
10 ~~police officers or fire fighters therefrom~~ a teacher, police officer, fire fighter, or any
11 other employee from a pension fund.

12 **SECTION 8.** 102.07 (7) (a) of the statutes is amended to read:

13 102.07 (7) (a) Every member of a volunteer fire company or fire department
14 organized under ch. 213, a legally organized rescue squad, or a legally organized
15 diving team is considered to be an employee of that company, department, squad, or
16 team. Every member of a company, department, squad, or team described in this
17 paragraph, while serving as an auxiliary police officer at an emergency, is also
18 considered to be an employee of that company, department, squad, or team. If a
19 company, department, squad, or team described in this paragraph has not insured
20 its liability for compensation to its employees, the ~~municipality or county~~ political
21 subdivision within which that company, department, squad, or team was organized
22 shall be liable for that compensation.

23 **SECTION 9.** 102.07 (10) of the statutes is amended to read:

24 102.07 (10) Further to effectuate the policy of the state that the benefits of this
25 chapter shall extend and be granted to employees in the service of the state, or of any

1 ~~municipality therein~~ local governmental unit in this state, on the same basis, in the
2 same manner, under the same conditions, and with like right of recovery as in the
3 case of employees of persons, firms, or private corporations, any question whether
4 any person is an employee under this chapter shall be governed by and determined
5 under the same standards, considerations, and rules of decision in all cases under
6 subs. (1) to (9). Any ~~statutes, ordinances, or administrative regulations which~~
7 statute, ordinance, or rule that may be otherwise applicable to the classes of
8 employees enumerated in sub. (1) shall not be controlling in deciding whether any
9 person is an employee for the purposes of this chapter.

10 **SECTION 10.** 102.07 (12m) of the statutes is renumbered 102.07 (12m) (b) and
11 amended to read:

12 102.07 (12m) (b) A student of a public school, ~~as described in s. 115.01 (1), or~~
13 ~~a private school, as defined in s. 115.001 (3r), or an institution of higher education,~~
14 while he or she is engaged in performing services as part of a school work training,
15 work experience, or work study program, and who is not on the payroll of an employer
16 that is providing the work training or work experience or who is not otherwise
17 receiving compensation on which a worker's compensation carrier could assess
18 premiums on that employer, is an employee of a school district ~~or, private school, or~~
19 institution of higher education that elects under s. 102.077 to name the student as
20 its employee.

21 **SECTION 11.** 102.07 (12m) (a) of the statutes is created to read:

22 102.07 (12m) (a) In this subsection:

23 1. "Institution of higher education" means an institution within the University
24 of Wisconsin System, a technical college, a tribally controlled college, a school

1 approved under s. 38.50, or a private, nonprofit institution of higher education
2 located in this state.

3 2. Private school" has the meaning given in s. 115.001 (3r).

4 3. "Public school" means a school described in s. 115.01 (1).

5 **SECTION 12.** 102.077 (1) of the statutes is amended to read:

6 102.077 (1) A school district ~~or a~~, private school, ~~as defined in s. 115.001 (3r),~~
7 or institution of higher education may elect to name as its employee for purposes of
8 this chapter a student described in s. 102.07 (12m) (b) by an endorsement on its policy
9 of worker's compensation insurance or, if the school district ~~or~~, private school, or ^(a)
10 institution of higher education is exempt from the duty to insure under s. 102.28 (2),
11 by filing a declaration with the department in the manner provided in s. 102.31 (2)
12 (a) naming the student as an employee of the school district ~~or~~, private school, or
13 institution of higher education for purposes of this chapter. A declaration under this
14 subsection shall list the name of the student to be covered under this chapter, the
15 name and address of the employer that is providing the work training or work
16 experience for that student, and the title, if any, of the work training, work
17 experience, or work study program in which the student is participating.

18 **SECTION 13.** 102.077 (2) of the statutes is amended to read:

19 102.077 (2) A school district ~~or~~, private school, or institution of higher
20 education may revoke a declaration under sub. (1) by providing written notice to the
21 department in the manner provided in s. 102.31 (2) (a), the student, and the employer
22 who is providing the work training or work experience for that student. A revocation
23 under this subsection is effective 30 days after the department receives notice of that
24 revocation.

25 **SECTION 14.** 102.13 (2) (c) of the statutes is amended to read:

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102.13 (2) (c) Except as provided in this paragraph, if an injured employee has a period of temporary disability that exceeds 3 weeks or a permanent disability, if the injured employee has undergone surgery to treat his or her injury, other than surgery to correct a hernia, or if the injured employee sustained an eye injury requiring medical treatment on 3 or more occasions off the employer's premises, the department may by rule require the insurer or self-insured employer to submit to the department a final report of the employee's treating practitioner. The department may not require an insurer or self-insured employer to submit to the department a final report of an employee's treating practitioner when the insurer or self-insured employer denies the employee's claim for compensation in its entirety and the employee does not contest that denial. A treating practitioner may charge a reasonable fee for the completion of the final report, but may not require prepayment of that fee. An insurer or self-insured employer that disputes the reasonableness of a fee charged for the completion of a treatment practitioner's final report may submit that dispute to the department for resolution under s. 102.16 (2).

SECTION 15. 102.18 (3) of the statutes is amended to read:

102.18 (3) A party in interest may petition the commission for review of an examiner's decision awarding or denying compensation if the ~~department or~~ commission receives the petition within 21 days after the department mailed a copy of the examiner's findings and order to the party's last-known address. The commission shall dismiss a petition ~~which that~~ is not ~~timely~~ filed within those 21 days unless the petitioner shows ~~probable good cause~~ that the petition was filed late for a reason for failure to timely file that was beyond the petitioner's control. If no petition is filed within those 21 days ~~from the date that a copy of the findings or order of the examiner is mailed to the last-known address of the parties in interest, the~~

1 findings or order shall be considered final unless set aside, reversed, or modified by
2 the examiner within that time. If the findings or order are set aside by the examiner,
3 the status shall be the same as prior to the setting aside of the findings or order set
4 aside. If the findings or order are reversed or modified by the examiner, the time for
5 filing a petition commences ~~with~~ on the date that notice of the reversal or
6 modification is mailed to the last-known address of the parties in interest. The
7 commission shall either affirm, reverse, set aside, or modify the findings or order in
8 whole or in part, or direct the taking of additional evidence. ~~This~~ The commission's
9 action shall be based on a review of the evidence submitted.

10 **SECTION 16.** 102.18 (4) (b) of the statutes is amended to read:

11 102.18 (4) (b) Within 28 days after the date of a decision of the commission is
12 ~~mailed to the last-known address of each party in interest~~, the commission may, on
13 its own motion, set aside the decision for further consideration.

14 **SECTION 17.** 102.21 of the statutes is amended to read:

15 **102.21 Payment of awards by municipalities.** ~~Whenever~~ When an award
16 is made by the department under this chapter or s. 66.191, 1981 stats., against any
17 ~~municipality~~ local governmental unit, the person in whose favor it the award is made
18 shall file a certified copy ~~thereof of the award~~ with the ~~municipal~~ local clerk of the local
19 governmental unit. Within 20 days ~~thereafter, unless an appeal is taken, such~~ after
20 the filing of the award, the clerk shall draw an order on the ~~municipal~~ local treasurer of
21 the local governmental unit for the payment of the award, ~~unless an appeal is taken~~.
22 If upon appeal ~~such~~ the award is affirmed in whole or in part, the order for payment
23 shall be drawn within 10 days after a certified copy of ~~such~~ the judgment on appeal
24 is filed with the proper clerk. If more than one payment is provided for in the award
25 or judgment, orders shall be drawn as the payments become due. No statute relating

1 to the filing of claims against, ~~and or~~ the auditing, allowing ~~and, or~~ payment of claims
2 by ~~municipalities, local governmental units~~ shall apply to the payment of an award
3 or judgment under this section.

4 **SECTION 18.** 102.23 (1) (a) of the statutes is renumbered 102.23 (1) (a) 1. and
5 amended to read:

6 102.23 (1) (a) 1. The findings of fact made by the commission acting within its
7 powers shall, in the absence of fraud, be conclusive. The order or award granting or
8 denying compensation, either interlocutory or final, whether judgment has been
9 rendered on it or not, is subject to review only as provided in this section and not
10 under ch. 227 or s. 801.02. The commission shall identify in the order or award the
11 persons that must be made parties to an action for the review of the order or award.

12 2. Within 30 days after the date of an order or award made by the commission
13 either originally or after the filing of a petition for review with the department under
14 s. 102.18, any party aggrieved thereby by the order or award may commence an
15 action in circuit court for the review of the order or award by serving a complaint as
16 provided in par. (b) and filing the summons and complaint with the clerk of the circuit
17 court commence, in circuit court, an action against the commission for the review of
18 the order or award, in which action the adverse party shall also be made a defendant.
19 The summons and complaint shall name the party commencing the action as the
20 plaintiff and shall name as defendants the commission and all persons identified by
21 the commission under subd. 1. If the circuit court determines that any other person
22 is necessary for the proper resolution of the action, the circuit court may join that
23 person as a party to the action, unless joinder of the person would unduly delay the
24 resolution of the action. If the circuit court is satisfied that a party in interest has
25 been prejudiced because of an exceptional delay in the receipt of a copy of any finding

1 or order, ~~it the circuit court~~ may extend the time ~~in~~ within which an action may be
2 commenced by an additional 30 days.

3 3. The proceedings shall be in the circuit court of the county where the plaintiff
4 resides, except that if the plaintiff is a state agency, the proceedings shall be in the
5 circuit court of the county where the defendant resides. The proceedings may be
6 brought in any circuit court if all parties stipulate and that court agrees.

7 **SECTION 19.** 102.23 (1) (c) of the statutes is amended to read:

8 102.23 (1) (c) ~~Except as provided in par. (cm), the~~ The commission shall serve
9 its answer within 20 days after the service of the complaint, ~~and, within the like time,~~
10 ~~the adverse party.~~ Except as provided in par. (cm), any other defendant may serve
11 an answer to the complaint within 20 days after the service of the complaint, which
12 answer may, by way of counterclaim or cross complaint, ask for the review of the
13 order or award referred to in the complaint, with the same effect as if the party
14 defendant had commenced a separate action for the review thereof of the order or
15 award.

16 **SECTION 20.** 102.23 (1) (cm) of the statutes is amended to read:

17 102.23 (1) (cm) If ~~an adverse party to the proceeding~~ a defendant in an action
18 brought under par. (a) is an insurance company, the insurance company may serve
19 an answer to the complaint within 45 days after the service of the complaint.

20 **SECTION 21.** 102.29 (8) of the statutes is amended to read:

21 102.29 (8) No student of a public school, ~~as described in s. 115.01 (1), or a private~~
22 school, ~~as defined in s. 115.001 (3r), or an institution of higher education~~ who is
23 named under s. 102.077 as an employee of the school district ~~or, private school, or~~
24 institution of higher education for purposes of this chapter and who makes a claim
25 for compensation under this chapter may make a claim or maintain an action in tort

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against the employer that provided the work training or work experience from which the claim arose.

SECTION 22. 102.43 (5) (c) of the statutes is amended to read:

102.43 (5) (c) Compensation for temporary disability on account of receiving instruction under s. 102.61 (1) or (1m) shall not be reduced under sub. (2) on account of any wages earned for the first 24 hours worked by an employee during a week in which the employee is receiving that instruction. If an employee performs more than 24 hours of work during a week in which the employee is receiving that instruction, all wages earned for hours worked in excess of 24 during that week shall be offset against the employee's average weekly wage in calculating compensation for temporary disability under sub. (2). An employee who is receiving compensation for temporary disability on account of receiving instruction under s. 102.61 (1) or (1m) shall report any wages earned during the period in which the employee is receiving that instruction to the insurance carrier or self-insured employer paying that compensation. This paragraph does not apply after April 30, ~~2014~~ 2016.

SECTION 23. 102.80 (1) (f) of the statutes is created to read:

102.80 (1) (f) Amounts transferred to the uninsured employers fund from the appropriation under s. 20.445 (1) (ra) as provided in s. 102.81 (1) (c).

SECTION 24. 102.81 (1) (c) of the statutes is created to read:

102.81 (1) (c) 1. The department shall pay a claim under par. (a) in excess of \$1,000,000 from the uninsured employers fund in the first instance. If the claim is not covered by excess or stop-loss reinsurance under sub. (2), the secretary of administration shall transfer from the appropriation account under s. 20.445 (1) (ra) to the uninsured employers fund as provided in subds. 2. to 4. an amount equal to

1 the amount by which payments from the uninsured employers fund on the claim are
2 in excess of \$1,000,000.

3 2. Each calendar year the department shall file with the secretary of
4 administration a certificate setting forth the number of claims in excess of
5 \$1,000,000 in the preceding year paid from the uninsured employers fund, the
6 payments made from the uninsured employers fund on each such claim, and the total
7 payments made from the uninsured employers fund on all such claims.

8 3. The secretary of administration shall determine the amount to be
9 transferred under subd. 1. in a calendar year by multiplying the number of claims
10 set forth under subd. 2. by 1,000,000 and subtracting that product from the total
11 payments set forth under subd. 2.

12 4. The maximum amount that the secretary of administration may transfer
13 under subd. 1. in a calendar year is \$500,000. If the amount determined under subd.
14 3. is \$500,000 or less, the secretary of administration shall transfer the amount
15 determined under subd. 3. If the amount determined under subd. 3. exceeds
16 \$500,000, the secretary of administration shall transfer \$500,000 in the calendar
17 year in which the determination is made and, subject to the maximum transfer
18 amount of \$500,000 per calendar year, shall transfer that excess in the next calendar
19 year or in subsequent calendar years until that excess is transferred in full.

20 **SECTION 25.** 108.10 (4) of the statutes is amended to read:

21 108.10 (4) The department or the employing unit may commence action for the
22 judicial review of a commission decision under this section, provided the department,
23 or the employing unit, after exhausting the remedies provided under this section, has
24 commenced such action within 30 days after such decision was mailed to the
25 employing unit's last-known address. The scope of judicial review, and the manner

1 thereof insofar as applicable, shall be the same as that provided in s. 108.09 (7). In
2 an action commenced by an employing unit under this section, the department shall
3 be ~~an adverse party~~ a defendant under s. 102.23 (1) (a) and shall be named as a party
4 defendant in the complaint commencing the action.
5

SECTION 26. Fiscal changes.

6 (1) TRANSFER TO UNINSURED EMPLOYERS FUND. In the schedule under section
7 20.005 (3) of the statutes for the appropriation to the department of workforce
8 development under section 20.445 (1) (ra) of the statutes, as affected by the acts of
9 2013, the dollar amount is increased by \$500,000 for the first fiscal year of the fiscal
10 biennium in which this subsection takes effect to provide funding for transfer to the
11 uninsured employers fund in reimbursement of claims paid from that fund in excess
12 of \$1,000,000 in 2013. In the schedule under section 20.005 (3) of the statutes for the
13 appropriation to the department of workforce development under section 20.445 (1)
14 (ra) of the statutes, as affected by the acts of 2013, the dollar amount is increased by
15 \$500,000 for the second fiscal year of the fiscal biennium in which this subsection
16 takes effect to provide funding for transfer to the uninsured employers fund in
17 reimbursement of claims paid from that fund in excess of \$1,000,000 in 2014.
18

SECTION 27. Initial applicability.

19 (1) TRANSFER TO UNINSURED EMPLOYERS FUND. The treatment of sections 20.445
20 (1) (ra) and 102.81 (1) (c) of the statutes first applies to claims paid from the
21 uninsured employers fund in 2013.

(END)

(with respect to the transfer of moneys to the
uninsured employers fund)

**2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3729/P2ins
GMM.....

(INSERT 5-11)

SECTION 1. 101.654 (2) (b) of the statutes is amended to read:

101.654 (2) (b) If the applicant is required under s. 102.28 (2) (a) to have in force a policy of worker's compensation insurance or if the applicant is self-insured in accordance with s. 102.28 (2) (b) or (bm)[✓], that the applicant has in force a policy of worker's compensation insurance issued by an insurer authorized to do business in this state or is self-insured in accordance with s. 102.28 (2) (b) or (bm)[✓].

History: 1993 a. 126; 1995 a. 392; 1997 a. 39; 2005 a. 200; 2007 a. 14; 2009 a. 276.

(END OF INSERT)

(INSERT 6-6)

SECTION 2. 102.04 (2m) of the statutes is amended to read:

102.04 (2m) A temporary help agency is the employer of an employee whom the temporary help agency has placed with or leased to another employer that compensates the temporary help agency for the employee's services. A temporary help agency is liable under s. 102.03 for all compensation and other payments payable under this chapter to or with respect to that employee, including any payments required under s. 102.16 (3), 102.18 (1) (b) 3.[✓] or (bp), 102.22 (1), 102.35 (3), 102.57, or 102.60. Except as permitted under s. 102.29, a temporary help agency may not seek or receive reimbursement from another employer for any payments made as a result of that liability.

History: 1975 c. 199; 1983 a. 98; 1989 a. 64; 1993 a. 112; 1997 a. 38; 1999 a. 9; 2001 a. 37; 2005 a. 172; 2007 a. 20; 2009 a. 206.

(END OF INSERT)

(INSERT 9-24)

SECTION 3. 102.11 (1) (intro.) of the statutes is amended to read:

102.11 (1) (intro.) The average weekly earnings for temporary disability, permanent total disability, or death benefits for injury in each calendar year on or

after January 1, 1982, shall be not less than \$30 nor more than the wage rate that results in a maximum compensation rate of 110 percent of the state's average weekly earnings as determined under s. 108.05 as of June 30 of the previous year. The average weekly earnings for permanent partial disability shall be not less than \$30 and, for permanent partial disability for injuries occurring on or after April 17, 2012, and before January 1, 2013, not more than \$468, resulting in a maximum compensation rate of \$312, and, for permanent partial disability for injuries occurring on or after January 1, 2013, not more than \$483, resulting in a maximum compensation rate of \$322, except as provided in 2011 Wisconsin Act 183, section 30 (2) (a) ~~(1)~~ the effective date of this subsection ... [LRB inserts date], and before January 1, 2015, not more than \$506, resulting in a maximum compensation rate of \$337, and, for permanent partial disability for injuries occurring on or after January 1, 2015, not more than \$528, resulting in a maximum compensation rate of \$352. Between such limits the average weekly earnings shall be determined as follows:

NOTE: NOTE: Sub. (1) (intro.) is shown as affected by 2011 Wis. Acts 183 and 257 and as merged by the legislative reference bureau under s. 13.92 (2) (i). The "1" in brackets was inserted by 2011 Wis. Act 257, but rendered surplusage by the treatment by 2011 Wis. Act 183. Corrective legislation is pending. NOTE:

History: 1971 c. 148; 1973 c. 150; 1975 c. 147; 1977 c. 195; 1979 c. 278; 1981 c. 92; 1983 a. 98; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1991 a. 85; 1993 a. 81, 492; 1995 a. 117; 1997 a. 38, 253; 2001 a. 37, 107; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 123, 183, 257; s. 13.92 (2) (i).

SECTION 4. 102.125 of the statutes is renumbered 102.125 (1) and amended to read:

102.125 Fraudulent claims Fraud reporting and, investigation, and prosecution. (1) **FRAUDULENT CLAIMS REPORTING AND INVESTIGATION.** If an insurer or self-insured employer has evidence that a claim is false or fraudulent in violation of s. 943.395 and if the insurer or self-insured employer is satisfied that reporting the claim to the department will not impede its ability to defend the claim, the insurer or self-insured employer shall report the claim to the department. The department may require an insurer or self-insured employer to investigate an

SECTION #. 102.125 (title) of the statutes is amended to read: 102.125 (title)

1 allegedly false or fraudulent claim and may provide the insurer or self-insured
2 employer with any records of the department relating to that claim. An insurer or
3 self-insured employer that investigates a claim under this section subsection shall
4 report on the results of that investigation to the department.

5 **(3) PROSECUTION.** If based on the an investigation under sub. (1) or (2) the
6 department has a reasonable basis to believe that a violation of s. 943.20, 943.38,
7 943.39, 943.392, 943.395, 943.40, or any other criminal law has occurred, the
8 department shall refer the results of the investigation to the department of justice
9 or to the district attorney of the county in which the alleged violation occurred for
10 prosecution.

History: 1993 a. 81; 2001 a. 37.

11 **SECTION 5.** 102.125 (2) of the statutes is created to read:

12 102.125 (2) ASSISTANCE BY DEPARTMENT OF JUSTICE. The department may
13 request the department of justice to assist the department in an investigation under
14 sub. (1) or in the investigation of any other suspected fraudulent activity on the part
15 of an employer, employee, insurer, health care provider, or other person related to
16 worker's compensation.

17 **SECTION 6.** 102.13 (1) (e) of the statutes is amended to read:

18 102.13 (1) (e) No person may testify on the issue of the reasonableness of the
19 fees of a licensed health care professional unless the person is licensed to practice the
20 same health care profession as the professional whose fees are the subject of the
21 testimony. ~~This paragraph does not apply to the fee dispute resolution process under~~
22 ~~s. 102.16 (2).~~

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183.

23 **SECTION 7.** 102.13 (2) (b) of the statutes is amended to read:

102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist, physician assistant, advanced practice nurse prescriber, hospital, or health service provider shall furnish a legible, certified duplicate of the written material requested under par. (a) in paper format upon payment of the actual costs of preparing the certified duplicate, not to exceed the greater of 45 cents per page or \$7.50 per request, plus the actual costs of postage, or shall furnish a legible, certified duplicate of that material in electronic format upon payment of \$26 per request. Any person who refuses to provide certified duplicates of written material in the person's custody that is requested under par. (a) shall be liable for reasonable and necessary costs and, notwithstanding s. 814.04 (1), reasonable attorney fees incurred in enforcing the requester's right to the duplicates under par. (a).

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183.

(END OF INSERT)

(INSERT 10-15)

SECTION 8. 102.13 (2) (c) of the statutes, as affected by 2013 Wisconsin Act
(this act), is amended to read:

102.13 (2) (c) Except as provided in this paragraph, if an injured employee has a period of temporary disability that exceeds 3 weeks or a permanent disability, if the injured employee has undergone surgery to treat his or her injury, other than surgery to correct a hernia, or if the injured employee sustained an eye injury requiring medical treatment on 3 or more occasions off the employer's premises, the department may by rule require the insurer or self-insured employer to submit to the department a final report of the employee's treating practitioner. The department may not require an insurer or self-insured employer to submit to the department a final report of an employee's treating practitioner when the insurer or

1 self-insured employer denies the employee's claim for compensation in its entirety
2 and the employee does not contest that denial. A treating practitioner may charge
3 a reasonable fee for the completion of the final report, but may not require
4 prepayment of that fee. ~~An insurer or self-insured employer that disputes the~~
5 ~~reasonableness of a fee charged for the completion of a treatment practitioner's final~~
6 ~~report may submit that dispute to the department for resolution under s. 102.16 (2).~~ ✓

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 s. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183.

7 **SECTION 9.** 102.16 (1m) (a) of the statutes is repealed. ✓

8 **SECTION 10.** 102.16 (2) of the statutes, as affected by 2013 Wisconsin Act
9 (this act), is repealed. ✓

10 **SECTION 11.** 102.16 (2) (d) of the statutes is amended to read:

11 102.16 (2) (d) The department shall analyze the information provided to the
12 department under par. (c) according to the criteria provided in this paragraph to
13 determine the reasonableness of the disputed fee. ~~Except as provided in 2011~~
14 ~~Wisconsin Act 183, section 30 (2) (b), the~~ The department shall determine that a
15 disputed fee is reasonable and order that the disputed fee be paid if that fee is at or
16 below the mean fee for the health service procedure for which the disputed fee was
17 charged, plus ~~1.2~~ 0.7 standard deviations from that mean, as shown by data from a
18 database that is certified by the department under par. (h). ~~Except as provided in~~
19 ~~2011 Wisconsin Act 183, section 30 (2) (b), the~~ The department shall determine that
20 a disputed fee is unreasonable and order that a reasonable fee be paid if the disputed
21 fee is above the mean fee for the health service procedure for which the disputed fee
22 was charged, plus ~~1.2~~ 0.7 standard deviations from that mean, as shown by data from
23 a database that is certified by the department under par. (h), unless the health
24 service provider proves to the satisfaction of the department that a higher fee is

1 justified because the service provided in the disputed case was more difficult or more
2 complicated to provide than in the usual case.

History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183.

3 **SECTION 12.** 102.17 (1) (a) 3. of the statutes is amended to read:

4 102.17 (1) (a) 3. If a party in interest claims that the employer or insurer has
5 acted with malice or bad faith as described in s. 102.18 (1) (b) 3. or (bp), that party
6 shall provide written notice stating with reasonable specificity the basis for the claim
7 to the employer, the insurer, and the department before the department schedules
8 a hearing on the claim of malice or bad faith.

History: 1971 c. 148; 1971 c. 213 s. 5; 1973 c. 150, 282; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 20, 54; 1975 c. 199, 200; 1977 c. 29, 195, 273; 1979 c. 278; 1981 c. 92, 314; 1981 c. 317 s. 2202; 1981 c. 380; 1981 c. 391 s. 211; 1985 a. 83; 1989 a. 64, 139, 359; 1991 a. 85; 1993 a. 81, 492; 1995 a. 27, 117; 1997 a. 38, 191, 237; 1999 a. 9; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 180, 206; 2011 a. 183; 2013 a. 36.

9 **SECTION 13.** 102.17 (4) of the statutes is amended to read:

10 102.17 (4) Except as provided in this subsection and s. 102.555 (12) (b), the
11 right of an employee, the employee's legal representative, or a dependent to proceed
12 under this section shall not extend beyond 12 years after the date of the injury or
13 death or after the date that compensation, other than for treatment or burial
14 expenses, was last paid, or would have been last payable if no advancement were
15 made, whichever date is latest. In the case of occupational disease; a traumatic
16 injury resulting in the loss or total impairment of a hand or any part of the rest of
17 the arm proximal to the hand or of a foot or any part of the rest of the leg proximal
18 to the foot, any loss of vision, or any permanent brain injury; or a traumatic injury
19 causing the need for an artificial spinal disc or a total or partial knee or hip
20 replacement, there shall be no statute of limitations, except that benefits or
21 treatment expense for an occupational disease becoming due 12 years after the date
22 of injury or death or last payment of compensation, other than for treatment or burial
23 expenses, shall be paid from the work injury supplemental benefit fund under s.

1 102.65 and in the manner provided in s. 102.66 and benefits or treatment expense
2 for such a traumatic injury becoming due ^{✓✓}12 9 years after that date shall be paid from
3 that fund and in that manner if the date of injury or death or last payment of
4 compensation, other than for treatment or burial expenses, is before April 1, 2006.
5 Payment of wages by the employer during disability or absence from work to obtain
6 treatment shall be considered payment of compensation for the purpose of this
7 section if the employer knew of the employee's condition and its alleged relation to
8 the employment.

History: 1971 c. 148; 1971 c. 213 s. 5; 1973 c. 150, 282; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 20, 54; 1975 c. 199, 200; 1977 c. 29, 195, 273; 1979 c. 278; 1981 c. 92, 314; 1981 c. 317 s. 2202; 1981 c. 380; 1981 c. 391 s. 211; 1985 a. 83; 1989 a. 64, 139, 359; 1991 a. 85; 1993 a. 81, 492; 1995 a. 27, 117; 1997 a. 38, 191, 237; 1999 a. 9; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 180, 206; 2011 a. 183; 2013 a. 36.

9 **SECTION 14.** 102.18 (1) (b) of the statutes is renumbered ~~102.18~~ 102.18 (1) (b) 1. and
10 amended to read:

11 102.18 (1) (b) 1. Within 90 days after the final hearing and close of the record,
12 the department shall make and file its findings upon the ultimate facts involved in
13 the controversy, and its order, which shall state its determination as to the rights of
14 the parties. Pending the final determination of any controversy before it, the
15 department may in its discretion after any hearing make interlocutory findings,
16 orders, and awards, which may be enforced in the same manner as final awards.

17 2. The department may include in any interlocutory or final award or order an
18 order directing the employer or insurer to pay for any future treatment that may be
19 necessary to cure and relieve the employee from the effects of the injury or to pay for
20 a future course of instruction or other rehabilitation training services provided
21 under a rehabilitation training program developed under s. 102.61 (1) or (1m) to an
22 employee whose permanent work restrictions limit the employee to employment
23 with the employer for whom the employee worked at the time of injury at a rate of
24 pay that is less than 85 percent of the employee's preinjury average weekly wage.

plain

1 3. If the department finds that the employer or insurer has not paid any amount
2 that the employer or insurer was directed to pay in any interlocutory order or award
3 and that the nonpayment was not in good faith, the department may include in its
4 final award a penalty not exceeding ~~25%~~ 25 percent of each amount that was not paid
5 as directed.

6 4. When there is a finding that the employee is in fact suffering from an
7 occupational disease caused by the employment of the employer against whom the
8 application is filed, a final award dismissing the application upon the ground that
9 the applicant has suffered no disability from the disease shall not bar any claim the
10 employee may ~~thereafter~~ have after the date of the award for disability sustained
11 after ~~the that~~ that date of the award.

History: 1971 c. 148; 1973 c. 150; 1975 c. 147; 1977 c. 29, 195; 1979 c. 89, 278, 355; 1981 c. 92; 1983 a. 98; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1997 a. 38; 1999 a. 14; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185.

12 **SECTION 15.** 102.18 (1) (bg) 1. of the statutes is repealed.

(END OF INSERT)

(INSERT 13-19)

13 **SECTION 16.** 102.28 (2) (a) of the statutes is amended to read:

14 102.28 (2) (a) *Duty to insure payment for compensation.* Unless exempted by
15 ~~the department~~ under par. (b) [✓] or (bm) or sub. (3), every employer, as described in s.
16 102.04 (1), shall insure payment for ~~that~~ [✓] compensation under this chapter in an
17 insurer authorized to do business in this state. A joint venture may elect to be an
18 employer under this chapter and obtain insurance for payment of compensation. If
19 a joint venture that is subject to this chapter only because the joint venture elected
20 to be an employer under this chapter is dissolved and cancels or terminates its
21 contract for the insurance of compensation under this chapter, that joint venture is

1 deemed to have effected withdrawal, which shall be effective on the day after the
2 contract is canceled or terminated.

History: 1973 c. 150; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 23, 54; 1975 c. 199; 1977 c. 195; 1981 c. 92; 1983 a. 98; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38, 39; 2003 a. 33; 2005 a. 172.

3 **SECTION 17.** 102.28 (2) (b) (title) of the statutes is amended to read:

4 102.28 (2) (b) (title) *Exemption from duty to insure; employers generally.*

History: 1973 c. 150; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 23, 54; 1975 c. 199; 1977 c. 195; 1981 c. 92; 1983 a. 98; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38, 39; 2003 a. 33; 2005 a. 172.

5 **SECTION 18.** 102.28 (2) (bm) of the statutes is created to read:

6 102.28 (2) (bm) *Exemption from duty to insure; governmental employers.* 1.

7 Subject to subds. 2. to 4., if the state or a local governmental unit is not partially
8 insured or fully insured for its liability for the payment of compensation under this
9 chapter, or to the extent that the state or a local governmental unit is not partially
10 insured for that liability under one or more contracts issued with the consent of the
11 department under s. 102.31 (1) (b), and if the state or local governmental unit agrees
12 to report faithfully all compensable injuries and to comply with this chapter and all
13 rules of the department, the state or local governmental unit may elect to self-insure
14 that liability without further order of the department.

15 2. Notwithstanding the absence of an order of exemption from the duty to
16 insure under par. (a), the state or a local governmental unit that elects to self-insure
17 as provided in subd. 1. is exempt from that duty. Notwithstanding that exemption,
18 if the state or a local governmental unit that elects to self-insure as provided in subd.
19 1. desires partial insurance or divided insurance, the state or local governmental
20 unit shall obtain the consent of the department under s. 102.31 (1) (b) to the issuance
21 of a contract providing such insurance.

22 3. a. A local governmental unit that elects to self-insure its liability for the
23 payment of compensation under this chapter shall notify the department of that

election in writing before commencing to self-insure that liability and shall notify the department of its intent to continue to self-insure that liability every 3 years after that initial notice. A local government unit that wishes to withdraw that election shall notify the department of that withdrawal not less than 30 days before the effective date of that withdrawal.

b. A notice under subd. 3. a. shall be accompanied by a resolution adopted by the governing body of the local governmental unit and signed by the elected or appointed chief executive of the local governmental unit stating that the governing body intends and agrees to self-insure the liability of the local governmental unit for the payment of compensation under this chapter and that the local government unit agrees to report faithfully all compensable injuries and to comply with this chapter and all rules of the department.

4. An election to self-insure under subd. 1. is subject to revocation under par. (c) 2. Once such an election is revoked, the employer whose election is revoked may not elect to self-insure its liability for the payment of compensation under this chapter unless at least 3 calendar years have elapsed since the revocation and the department finds that the employer's financial condition is adequate to pay its employees' claims for compensation, that the employer has not received an excessive number of claims for compensation, and that the employer has faithfully discharged its obligations under this chapter and the rules of the department.

SECTION 19. 102.28 (2) (c) of the statutes is renumbered 102.28 (2) (c) 1. and amended to read:

102.28 (2) (c) *Revocation of exemption or election.* 1. The department, after seeking the advice of the self-insurers council, may revoke an exemption granted to an employer under par. (b), upon giving the employer 10 days' written notice, if the

1 department finds that the employer's financial condition is inadequate to pay its
2 employees' claims for compensation, that the employer has received an excessive
3 number of claims for compensation, or that the employer has failed to discharge
4 faithfully its obligations according to the agreement contained in the application for
5 exemption. The employer may, within

6 3. Within 10 days after receipt of the a notice of revocation, under subd. 1. or
7 2., the employer may request in writing a review of the revocation by the secretary
8 or the secretary's designee and the secretary or the secretary's designee shall review
9 the revocation within 30 days after receipt of the request for review. If the employer
10 is aggrieved by the determination of the secretary or the secretary's designee, the
11 employer may, within 10 days after receipt of notice of that determination, request
12 a hearing under s. 102.17. If the secretary or the secretary's designee determines
13 that the employer's exemption or election should be revoked, the employer shall
14 obtain insurance coverage as required under par. (a) immediately upon receipt of
15 notice of that determination and, notwithstanding the pendency of proceedings
16 under ss. 102.17 to 102.25, shall keep that coverage in force until another exemption
17 under par. (b) is granted or another election under par. (bm) is made.

History: 1973 c. 150; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 23, 54; 1975 c. 199; 1977 c. 195; 1981 c. 92; 1983 a. 98; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38, 39; 2003 a. 33; 2005 a. 172.

SECTION 20. 102.28 (2) (c) 2. of the statutes is created to read:

102.28 (2) (c) 2. The department may revoke an election made by an employer
under par. (bm), upon giving the employer 10 days' written notice, if the department
finds that the employer's financial condition is inadequate to pay its employees'
claims for compensation, that the employer has received an excessive number of
claims for compensation, or that the employer has failed to discharge faithfully its
obligations under this chapter and the rules of the department.

1 **SECTION 21.** 102.28 (2) (d) of the statutes is amended to read:

2 102.28 (2) (d) *Effect of insuring with unauthorized insurer.* ~~An employer who~~
3 ~~procures an exemption under par. (b) and thereafter~~ If an employer that is exempted
4 under par. (b) or (bm) from the duty to insure under par. (a) enters into any agreement
5 for excess insurance coverage with an insurer not authorized to do business in this
6 state, the employer shall report that agreement to the department immediately. The
7 placing of such coverage shall not by itself be grounds for revocation of the exemption.

History: 1973 c. 150; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 23, 54; 1975 c. 199; 1977 c. 195; 1981 c. 92; 1983 a. 98; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38, 39; 2003 a. 33; 2005 a. 172.

8 **SECTION 22.** 102.28 (7) (a) of the statutes is amended to read:

9 102.28 (7) (a) If an employer who is currently or was formerly exempted by
10 written order of the department under sub. (2) (b) is unable to pay an award,
11 judgment is rendered in accordance with s. 102.20 against that employer, and
12 execution is levied and returned unsatisfied in whole or in part, payments for the
13 employer's liability shall be made from the fund established under sub. (8). If a
14 currently or formerly exempted employer files for bankruptcy and not less than 60
15 days after that filing the department has reason to believe that compensation
16 payments due are not being paid, the department in its discretion may make
17 payment for the employer's liability from the fund established under sub. (8). The
18 secretary of administration shall proceed to recover ~~such~~ those payments from the
19 employer or the employer's receiver or trustee in bankruptcy, and may commence an
20 action or proceeding or file a claim ~~therefor~~ for those payments. The attorney general
21 shall appear on behalf of the secretary of administration in any such action or
22 proceeding. All moneys recovered in any such action or proceeding shall be paid into
23 the fund established under sub. (8).

History: 1973 c. 150; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 23, 54; 1975 c. 199; 1977 c. 195; 1981 c. 92; 1983 a. 98; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38, 39; 2003 a. 33; 2005 a. 172.

SECTION 23. 102.28 (7) (b) of the statutes is renumbered 102.28 (7) (b) 1. and amended to read:

102.28 (7) (b) 1. Each employer exempted by written order of the department under sub. (2) (b) shall pay into the fund established by sub. (8) a sum equal to that assessed against each of the other such exempt employers upon the issuance of an initial order. The order an initial assessment based on orders of the department as provided in subd. 2. An order of the department requiring exempt employers to pay into that fund shall provide for a sum an amount that is sufficient to secure estimated payments of the an insolvent exempt employer due for the period up to the date of the order and for one year following the date of the order and to pay the estimated cost of insurance carrier or insurance service organization services under par. (c). Payments ordered to be made to the fund shall be paid to the department within 30 days after the date of the order. If additional moneys are required, further assessments shall be made based on orders of the department with as provided under subd. 2.

2. An initial or further assessment under subd. 1. shall be prorated on the basis of the gross payroll for this state of the exempt employer, as reported to the department for the previous calendar year for unemployment insurance purposes under ch. 108. If the or, if an exempt employer is not covered under ch. 108, then the department shall determine on the basis of the comparable gross payroll for the exempt employer as determined by the department. If payment of any assessment made under this subsection subd. 1. is not made within 30 days of after the date of

1 the order of the department, the attorney general may appear on behalf of the state
2 to collect the assessment.

History: 1973 c. 150; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 23, 54; 1975 c. 199; 1977 c. 195; 1981 c. 92; 1983 a. 98; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38, 39; 2003 a. 33; 2005 a. 172.

3 **SECTION 24.** 102.28 (7) (bm) of the statutes is created to read:

4 102.28 (7) (bm) The department may not do any of the following:

5 1. Require an employer that elects under sub. (2) (bm) to self-insure its liability
6 for the payment of compensation under this chapter to pay into the fund established
7 under sub. (8).

8 2. Make any payments from the fund established under sub. (8) for the liability
9 under this chapter of an employer that elects under sub. (2) (bm) to self-insure its
10 liability for the payment of compensation under this chapter, whether currently or
11 formerly exempt from the duty to insure under sub. (2) (a).

12 **SECTION 25.** 102.29 (1) (b) 2. of the statutes is amended to read:

13 102.29 (1) (b) 2. Out of the balance remaining after the deduction and payment
14 specified in subd. 1., the employer, the insurance carrier, or, if applicable, the
15 uninsured employers fund or the work injury supplemental benefit fund shall be
16 reimbursed for all payments made by the employer, insurance carrier, or
17 department, or which the employer, insurance carrier, or department may be
18 obligated to make in the future, under this chapter, except that the employer,
19 insurance carrier, or department shall not be reimbursed for any payments made or
20 to be made under s. 102.18 (1) 3. or (bp), 102.22, 102.35 (3), 102.57, or 102.60.

History: 1975 c. 147 ss. 24, 54; 1977 c. 195; 1979 c. 323 s. 33; 1981 c. 92; 1985 a. 83 s. 44; 1985 a. 332 s. 253; 1987 a. 179; 1989 a. 64; 1995 a. 117, 289; 1997 a. 38; 1999 a. 9, 14; 2001 a. 16, 37; 2003 a. 144; 2005 a. 96, 172, 253; 2007 a. 20 ss. 2645, 9121 (6) (a); 2007 a. 97, 185; 2009 a. 42, 154; 2011 a. 183; s. 13.92 (1) (bm) 2.

(END OF INSERT)

(INSERT 14-2)

21 **SECTION 26.** 102.31 (2) (b) 2. of the statutes is amended to read:

102.31 (2) (b) 2. Regardless of whether the notices required under par. (a) have been given, a cancellation or termination is effective upon the effective date of replacement insurance coverage obtained by the employer or, of an order under s. 102.28 (2) (b) exempting the employer from carrying the duty to carry insurance under s. 102.28 (2) (a), or of an election by an employer under s. 102.28 (2) (bm) to self-insure its liability for the payment of compensation under this chapter.

History: 1971 c. 260, 307; 1975 c. 39; 1975 c. 147 ss. 26, 54; 1975 c. 199, 371; 1977 c. 29, 195; 1979 c. 278; 1981 c. 92; 1983 a. 189 s. 329 (25); 1985 a. 29, 83; 1987 a. 179; 1989 a. 64, 332; 1993 a. 81, 112; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206.

SECTION 27. 102.315 (2) of the statutes is amended to read:

102.315 (2) EMPLOYEE LEASING COMPANY LIABLE. An employee leasing company is liable under s. 102.03 for all compensation payable under this chapter to a leased employee, including any payments required under s. 102.16 (3), 102.18 (1) (b) 3, or (bp), 102.22 (1), 102.35 (3), 102.57, or 102.60. Except as permitted under s. 102.29, an employee leasing company may not seek or receive reimbursement from another employer for any payments made as a result of that liability. An employee leasing company is not liable under s. 102.03 for any compensation payable under this chapter to an employee of a client who is not a leased employee.

History: 2007 a. 185.

SECTION 28. 102.423 of the statutes is created to read:

102.423 Health services fee schedule. (1) ESTABLISHMENT OF SCHEDULE. (a)

By July 1, 2015, the department shall establish a schedule of the maximum fees that a health care provider may charge an employer or insurer for health services provided to an injured employee who claims benefits under this chapter. In determining those maximum fees, the department shall divide the state into 5 regions based on geographical and economical similarity, including similarity in the cost of health services, and, for each region, shall do all of the following:

1 1. Determine the average payment made by group health benefit plans, as
2 defined in s. 632.745 (9), group health plans, as defined in s. 632.745 (10), and
3 self-insured health plans, as defined in s. 632.745 (24), for each health service
4 included in the schedule based on health service payment data obtained from the
5 Wisconsin Health Information Organization, the Worker's Compensation Research
6 Institute, health insurers and health plan sponsors, the group health insurance plan
7 under subch. IV of ch. 40, and other sources determined by the department to be
8 credible.

9 2. Set the maximum fee for each health service included in the schedule at 110
10 percent of the average payment for that service as determined under subd. 1.

11 (b) 1. In this paragraph, "consumer price index" means the average of the
12 consumer price index for medical care services over each 12-month period for all
13 urban consumers, U.S. city average, as determined by the bureau of labor statistics
14 of the ^{federal} U.S. department of labor.

15 2. On each July 1, beginning on July 1, 2016, the department shall adjust the
16 maximum fees established under par. (a) by the percentage difference between the
17 consumer price index for the 12-month period ending on December 31 of the
18 preceding year and the consumer price index for the 12-month period ending on
19 December 31 of the year before the preceding year.

20 (c) No less often than every 2 years, the department shall obtain health service
21 payment data from the sources specified in par. (a) 1., redetermine the average
22 payments specified in par. (a) 1., and revise the maximum fees established under par.
23 (a) 2. based on that redetermined average.

(d) The department may not implement the fee schedule established under par. (a) or revise that schedule under par. (c) unless the schedule or revised schedule is approved by the council or worker's compensation.

(e) The department shall post a link to the fee schedule established under par. (a) on the department's Internet site. Notwithstanding s. 227.10 (1), the fee schedule need not be promulgated as a rule.

(2) LIABILITY ~~OR EMPLOYER OR INSURER~~. The liability of an employer or insurer for a health service included in the fee schedule established under sub. (1) (a) is limited to the maximum fee allowed under the schedule for that health service as of the date on which the health service was provided or the health care provider's actual fee for the health service as of that date, whichever is less. A health care provider that provides health services to an injured employee under this chapter may not collect, or bring an action to collect, from the injured employee any charge that is in excess of the liability of the employer or insurer under this subsection.

(3) RULES. The department shall promulgate rules to implement this section.

SECTION 29. 102.425 (3) (am) of the statutes is created to read:

102.425 (3) (am) 1. Subject to subd. 2., if a prescription drug dispensed under sub. (2) (a) for outpatient use by an injured employee is a repackaged prescription drug, the liability of an employer or insurer for the cost of the repackaged prescription drug is limited to the average wholesale price, as determined under par. (a) 1., of the prescription drug set by the original manufacturer of the prescription drug, plus any dispensing fee that may be payable under par. (a) 2. and any taxes that may be applicable under par. (a) 3., except that if the national drug code number of the prescription drug as packaged by the original manufacturer of the prescription drug cannot be determined from the billing statement under par. (c), that liability

1 is limited to the average wholesale price, as determined under par. (a) 1., of the
2 lowest-priced drug product equivalent, plus any dispensing fee under par. (a) 2. and
3 any taxes under par. (a) 3. that would be payable for the drug product equivalent.

4 2. Subdivision 1. does not apply to a repackaged prescription drug dispensed
5 from a retail, mail-order, or institutional pharmacy.

6 **SECTION 30.** 102.425 (3) (b) of the statutes is amended to read:

7 102.425 (3) (b) In addition to the liability under par. (a) or (am), whichever is
8 applicable, an employer or insurer is also liable for reimbursement to an injured
9 employee for all out-of-pocket expenses incurred by the injured employee in
10 obtaining the prescription drug dispensed.

History: 2005 a. 172; 2007 a. 185; 2009 a. 206.

11 **SECTION 31.** 102.425 (4) (a) of the statutes is amended to read:

12 102.425 (4) (a) Except as provided in par. (b), a pharmacist or practitioner who
13 dispenses a prescription drug under sub. (2) to an injured employee may not collect,
14 or bring an action to collect, from the injured employee any charge that is in excess
15 of the liability of the injured employee under sub. (2) (c) 2. or the liability of the
16 employer or insurer under sub. (3) (a) or (am), whichever is applicable.

History: 2005 a. 172; 2007 a. 185; 2009 a. 206.

17 **SECTION 32.** 102.425 (4) (b) of the statutes is amended to read:

18 102.425 (4) (b) If an employer or insurer denies or disputes liability for the cost
19 of a drug prescribed to an injured employee under sub. (2), the pharmacist or
20 practitioner who dispensed the drug may collect, or bring an action to collect, from
21 the injured employee the cost of the prescription drug dispensed, subject to the
22 limitations specified in sub. (3) (a) or (am), whichever is applicable. If an employer
23 or insurer concedes liability for the cost of a drug prescribed to an injured employee
24 under sub. (2), but disputes the reasonableness of the amount charged for the

1 prescription drug, the employer or insurer shall provide notice under sub. (4m) (b)
2 to the pharmacist or practitioner that the reasonableness of the amount charged is
3 in dispute and the pharmacist or practitioner who dispensed the drug may not
collect, or bring an action to collect, from the injured employee the cost of the
prescription drug dispensed after receiving that notice.

Insert
19-5

History: 2005 a. 172; 2007 a. 185; 2009 a. 206.

(END OF INSERT)

(INSERT 14-15)

6 **SECTION 33.** 102.44 (1) (ag) of the statutes is amended to read:

7 102.44 (1) (ag) Notwithstanding any other provision of this chapter, every
8 employee who is receiving compensation under this chapter for permanent total
9 disability or continuous temporary total disability more than 24 months after the
10 date of injury resulting from an injury that occurred prior to January 1, 2001 2003,
11 shall receive supplemental benefits that shall be payable in the first instance by the
12 employer or, subject to par. (c), by the employer's insurance carrier, or in the case of
13 benefits payable to an employee under s. 102.66, shall be paid by the department out
14 of the fund created under s. 102.65. Those supplemental benefits shall be paid only
15 for weeks of disability occurring after January 1, 2003 2005, and shall continue
16 during the period of such total disability subsequent to that date.

History: 1971 c. 148; 1973 c. 150; 1975 c. 147 ss. 33, 54, 57; 1975 c. 199; 1977 c. 195; 1979 c. 278; 1981 c. 92; 1983 a. 98; 1991 a. 85; 1995 a. 117; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 174, 206; 2011 a. 183, 257.

17 **SECTION 34.** 102.44 (1) (ag) of the statutes, as affected by 2013 Wisconsin Act

18 (this act), is amended to read:

19 102.44 (1) (ag) Notwithstanding any other provision of this chapter, every
20 employee who is receiving compensation under this chapter for permanent total
21 disability or continuous temporary total disability more than 24 months after the

1 date of injury resulting from an injury that occurred prior to January 1, 2003, shall
2 receive supplemental benefits that shall be payable by the employer or, ~~subject to par.~~
3 ~~(c), by~~ the employer's insurance carrier, or in the case of benefits payable to an
4 employee under s. 102.66, shall be paid by the department out of the fund created
5 under s. 102.65. Those supplemental benefits shall be paid only for weeks of
6 disability occurring after January 1, 2005, and shall continue during the period of
7 such total disability subsequent to that date.

8 **SECTION 35.** 102.44 (1) (am) of the statutes is amended to read:

9 102.44 (1) (am) If the employee is receiving the maximum weekly benefits in
10 effect at the time of the injury, the supplemental benefit for a week of disability
11 occurring after ~~May 1, 2010~~ the effective date of this paragraph [LRB inserts
12 date], shall be an amount that, when added to the regular benefit established for the
13 case, shall equal ~~\$582~~ \$669.

History: 1971 c. 148; 1973 c. 150; 1975 c. 147 ss. 33, 54, 57; 1975 c. 199; 1977 c. 195; 1979 c. 278; 1981 c. 92; 1983 a. 98; 1991 a. 85; 1995 a. 117; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 177, 206; 2011 a. 183, 257.

14 **SECTION 36.** 102.44 (1) (b) of the statutes is amended to read:

15 102.44 (1) (b) If the employee is receiving a weekly benefit that is less than the
16 maximum benefit that was in effect on the date of the injury, the supplemental
17 benefit for a week of disability occurring after ~~May 1, 2010~~ the effective date of this
18 paragraph [LRB inserts date], shall be an amount sufficient to bring the total
19 weekly benefits to the same proportion of ~~\$582~~ \$669 as the employee's weekly benefit
20 bears to the maximum in effect on the date of injury.

History: 1971 c. 148; 1973 c. 150; 1975 c. 147 ss. 33, 54, 57; 1975 c. 199; 1977 c. 195; 1979 c. 278; 1981 c. 92; 1983 a. 98; 1991 a. 85; 1995 a. 117; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 177, 206; 2011 a. 183, 257.

21 **SECTION 37.** 102.44 (1) (c) of the statutes is renumbered 102.44 (1) (c) 1. and

22 amended to read:

1 102.44 (1) (c) 1. ~~Subject to any certificate filed under s. 102.65 (4), an employer~~
2 or An insurance carrier paying the supplemental benefits required under this
3 subsection shall be entitled to reimbursement for each such case from the fund
4 ~~established by s. 102.65~~ worker's compensation operations fund, commencing one
5 year after the date of the first payment of those benefits and annually thereafter
6 while those payments continue. To receive reimbursement under this paragraph, an
7 ~~employer or~~ insurance carrier must file a claim for that reimbursement with the
8 department by no later than 12 months after the end of the year in which the
9 supplemental benefits were paid and the claim must be approved by the department.

History: 1971 c. 148; 1973 c. 150; 1975 c. 147 ss. 33, 54, 57; 1975 c. 199; 1977 c. 195; 1979 c. 278; 1981 c. 92; 1983 a. 98; 1991 a. 85; 1995 a. 117; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 177, 206; 2011 a. 183, 257.

10 **SECTION 38.** 102.44 (1) (c) 2. of the statutes is created to read:

11 102.44 (1) (c) 2. After the expiration of the deadline for filing a claim under
12 subd. 1., the department shall determine the total amount of all claims filed by that
13 deadline and shall use that total to determine the amount to be collected under s.
14 102.75 (1g) from each licensed worker's compensation insurance carrier, deposited
15 in the worker's compensation operations fund, and used to provide reimbursement
16 to insurance carriers paying supplemental benefits under this subsection. The
17 department shall pay a claim for reimbursement approved by the department by no
18 later than 16 months after the end of the year in which the claim was received by the
19 department.

20 **SECTION 39.** 102.44 (1) (c) 3. of the statutes is created to read:

21 102.44 (1) (c) 3. This paragraph does not apply to supplemental benefits paid
22 on or after July 1, 2015.

23 **SECTION 40.** 102.44 (1m) of the statutes is created to read:

1 102.44 (1m) Notwithstanding any other provision of this chapter, for an
2 employee who is receiving compensation under this chapter for permanent total
3 disability or continuous temporary total disability more than 24 months after the
4 date of injury resulting from an injury that occurs on or after July 1, 2015, payment
5 of compensation under this chapter for periods of disability occurring more than 6
6 years after the date of injury shall be made as follows:

7 (a) If the employee was entitled to the maximum weekly benefit that was in
8 effect at the time of the injury, payment of the weekly benefit for a week of disability
9 occurring more than 6 years after the date of injury shall be at the maximum rate
10 that is in effect at the time the benefit accrues and becomes payable.

11 (b) If the employee was entitled to less than the maximum weekly benefit that
12 was in effect at the time of the injury, payment of the weekly benefit for a week of
13 disability occurring more than 6 years after the date of injury shall be in an amount
14 that bears the same proportion to the maximum rate that is in effect at the time the
15 benefit accrues and becomes payable as the employee's weekly benefit at the time of
16 the injury bore to the maximum weekly benefit that was in effect at the time of the
17 injury.

18 **SECTION 41.** 102.44 (3) of the statutes is amended to read:

19 102.44 (3) For permanent partial disability not covered by ss. 102.52 to 102.56,
20 the aggregate number of weeks of indemnity shall bear such relation to 1,000 weeks
21 as the nature of the injury bears to one causing permanent total disability and
22 Subject to sub. (4m), the weekly indemnity for such permanent partial disability
23 shall be payable at the rate of two-thirds of the average weekly earnings of the
24 employee, the earnings to be computed as provided in s. 102.11. ~~The weekly~~

1 indemnity, shall be in addition to compensation for the healing period, and shall be
2 for the period that the employee may live, not to exceed 1,000 weeks.

History: 1971 c. 148; 1973 c. 150; 1975 c. 147 ss. 33, 54, 57; 1975 c. 199; 1977 c. 195; 1979 c. 278; 1981 c. 92; 1983 a. 98; 1991 a. 85; 1995 a. 117; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 177, 206; 2011 a. 183, 257.

3 **SECTION 42.** 102.44 (4) of the statutes is renumbered 102.44 (4) (intro.) and
4 amended to read:

5 102.44 (4) (intro.) ~~Where the~~ When a permanent disability is covered by ss.
6 102.52, 102.53, and 102.55, ~~such those~~ sections shall govern; ~~provided, that in no case~~
7 ~~shall the~~ except as follows:

8 (a) The percentage of permanent total disability may not be taken as more than
9 100 percent.

History: 1971 c. 148; 1973 c. 150; 1975 c. 147 ss. 33, 54, 57; 1975 c. 199; 1977 c. 195; 1979 c. 278; 1981 c. 92; 1983 a. 98; 1991 a. 85; 1995 a. 117; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 177, 206; 2011 a. 183, 257.

10 **SECTION 43.** 102.44 (4) (b) of the statutes is created to read:

11 102.44 (4) (b) The weekly indemnity for periods of disability occurring more
12 than 200 weeks after the date of injury shall be as provided in sub. (4m). ✓

13 **SECTION 44.** 102.44 (4m) of the statutes is created to read:

14 102.44 (4m) Notwithstanding any other provision of this chapter, for an ✓
15 employee who is receiving compensation under this chapter for permanent partial ✓
16 disability, whether or not covered by ss. 102.52, 102.53, or 102.55, payment of ✓
17 compensation under this chapter for periods of disability occurring more than 200 ✓
18 weeks after the date of injury shall be made as follows: ✓

19 (a) If the employee was entitled to the maximum weekly benefit that was in
20 effect at the time of the injury, payment of the weekly benefit for a week of disability
21 occurring more than 200 weeks after the date of injury shall be at the maximum rate ✓
22 that is in effect at the time the benefit accrues and becomes payable. ✓

1 (b) If the employee was entitled to less than the maximum weekly benefit that
2 was in effect at the time of the injury, payment of the weekly benefit for a week of
3 disability occurring more than 200 weeks after the date of injury shall be in an
4 amount that bears the same proportion to the maximum rate that is in effect at the
5 time the benefit accrues and becomes payable as the employee's weekly benefit at the
6 time of the injury bore to the maximum weekly benefit that was in effect at the time
7 of the injury.

8 **SECTION 45.** 102.445 of the statutes is created to read:

9 **102.445 Continuation of health care coverage.** (1) In this section, "group
10 health care coverage" means health care coverage of an employee, or of an employee
11 and his or her dependents, under a group health benefit plan, as defined in s. 632.745
12 (9), a group health plan, as defined in s. 632.745 (10), or a self-insured health plan,
13 as defined in s. 632.745 (24).

14 (2) If at the time of injury the employer of an injured employee is providing the
15 injured employee with group health care coverage, the employer shall maintain that
16 coverage during the injured employee's period of temporary disability under the
17 same conditions that applied at the time of injury, without regard to the injured
18 employee's employment status during that period. If during an injured employee's
19 period of temporary disability the injured employee continues making any
20 contributions required of the injured employee for participation in the plan providing
21 that coverage, the employer shall continue making any contributions required of the
22 employer for the injured employee's participation in that plan as if the injured
23 employee were not in a period of temporary disability.

24 (3) Any employer that fails to maintain group health care coverage for an
25 injured employee as required under sub. (2) or such an employer's worker's

1 compensation insurance carrier is liable to the injured employee for an amount that
2 is equal to 100 percent of the contributions required of the employer under sub. (2)
3 that the employer failed to pay. That liability is in addition to any temporary
4 disability benefits payable under this chapter and may not be considered in
5 computing the employee's average weekly earnings under s. 102.11, actual wage loss,
6 or benefits for temporary disability.

7 (4) Any injured employee whose employer fails to maintain group health care
8 coverage for the injured employee as required under sub. (2) may, within 30 days
9 after the violation occurred or the injured employee should reasonably have known
10 that the violation occurred, whichever is later, request a hearing on the violation
11 under s. 102.17. If, after hearing, the examiner finds that the employer has violated
12 sub. (2), the examiner, in addition to ordering the employer to pay the injured
13 employee the amount for which the employer is liable under sub. (3), may order the
14 employer to take action to remedy the violation, including reinstating the injured
15 employee's group health care coverage.

16 (5) If an injured employee ends his or her employment with an employer during
17 or at the end of a period of temporary disability, the time for conversion to individual
18 coverage under s. 632.897 (6) shall be calculated as beginning on the date on which
19 the injured employee began the period of temporary disability.

20 **SECTION 46.** 102.65 (4) (intro.) of the statutes is amended to read:

21 102.65 (4) (intro.) The secretary shall monitor the cash balance in, and incurred
22 losses to, the work injury supplemental benefit fund using generally accepted
23 actuarial principles. If the secretary determines that the expected ultimate losses
24 to the work injury supplemental benefit fund on known claims exceed 85 percent of
25 the cash balance in that fund, the secretary shall consult with the council on worker's

1 compensation. If the secretary, after consulting with the council on worker's
2 compensation, determines that there is a reasonable likelihood that the cash balance
3 in the work injury supplemental benefit fund may become inadequate to fund all
4 claims under ss. 102.44 (1) (e), 102.49, 102.59, and 102.66, the secretary shall file
5 with the secretary of administration a certificate attesting that the cash balance in
6 that fund is likely to become inadequate to fund all claims under ss. 102.44 (1) (e),
7 102.49, 102.59, and 102.66 and specifying one of the following:

History: 1975 c. 147; 1977 c. 29; 1981 c. 20 s. 2202 (28) (a); 1983 a. 98 s. 31; 1989 a. 64; 1991 a. 174; 1995 a. 117; 2005 a. 172; 2007 a. 185; 2011 a. 183.

8 **SECTION 47.** 102.75 (1) of the statutes is amended to read:

9 102.75 (1) The department shall assess upon and collect from each licensed
10 worker's compensation insurance carrier and from each employer exempted under
11 s. 102.28 (2) by ~~special order or by rule~~, (b) or (bm) from the duty to carry insurance
12 under s. 102.28 (2) (a) the proportion of total costs and expenses incurred by the
13 council on worker's compensation for travel and research and by the department and
14 the commission in the administration of this chapter for the current fiscal year, plus
15 any deficiencies in collections and anticipated costs from the previous fiscal year,
16 that the total indemnity paid or payable under this chapter by each such carrier and
17 exempt employer in worker's compensation cases initially closed during the
18 preceding calendar year, other than for increased, double, or treble compensation,
19 bore to the total indemnity paid in cases closed the previous calendar year under this
20 chapter by all carriers and exempt employers, other than for increased, double, or
21 treble compensation. The council on worker's compensation and the commission
22 shall annually certify any costs and expenses for worker's compensation activities
23 to the department at such time as the secretary requires.

History: 1975 c. 39; 1975 c. 147 s. 54; 1977 c. 195, 418; 1981 c. 20, 92; 1987 a. 27; 1991 a. 85; 1995 a. 117; 2005 a. 172; 2009 a. 206; 2013 a. 20.

24 **SECTION 48.** 102.75 (1g) of the statutes is created to read:

102.75 (1g) The department shall collect from each licensed worker's compensation carrier the proportion of reimbursement approved by the department under s. 102.44 (1) (c) 1. for supplemental benefits paid in the year before the previous year that the total indemnity paid or payable under this chapter by the carrier in worker's compensation cases initially closed during the preceding calendar year, other than for increased, double, or treble compensation, bore to the total indemnity paid in cases closed the previous calendar year under this chapter by all carriers, other than for increased, double, or treble compensation. This subsection does not apply to claims for reimbursement under s. 102.44 (1) (c) 1. received after December 31, 2016.

SECTION 49. 102.75 (1m) of the statutes is amended to read:

102.75 (1m) The moneys collected under sub. subs. (1) and (1g) and under ss. 102.28 (2) and 102.31 (7), together with all accrued interest, shall constitute a separate nonlapsible fund designated as the worker's compensation operations fund. Moneys in the fund may be expended only as provided in s. 20.445 (1) (ra), (rb), and (rp) and (2) (ra) and may not be used for any other purpose of the state.

History: 1975 c. 39; 1975 s. 147 s. 54; 1977 c. 195, 418; 1981 c. 20, 92; 1987 a. 27; 1991 a. 85; 1995 a. 117; 2005 a. 172; 2009 a. 206; 2013 a. 20.

SECTION 50. 102.75 (2) of the statutes is amended to read:

102.75 (2) The department shall require that payments for costs and expenses for each fiscal year shall be made on such dates as the department prescribes by each licensed worker's compensation insurance carrier and employer exempted under s. 102.28 (2) (b) or (bm) from the duty to insure under s. 102.28 (2) (a) to make the payments required under sub. (1) for each fiscal year on such dates as the department prescribes. The department shall also require each licensed worker's compensation insurance carrier to make the payments required under sub. (1g) for

1 each fiscal year on those dates. Each such payment shall be a sum equal to a
2 proportionate share of the annual costs and expenses assessed upon each carrier and
3 employer as estimated by the department. Interest shall accrue on amounts not paid
4 within 30 days after the date prescribed by the department under this subsection at
5 the rate of 1 percent per month. All interest payments received under this subsection
6 shall be deposited in the fund established under s. 102.65.

History: 1975 c. 39; 1975 c. 147 s. 54; 1977 c. 195, 418; 1981 c. 20, 92; 1987 a. 27; 1991 a. 85; 1995 a. 117; 2005 a. 172; 2009 a. 206; 2013 a. 20.

7 **SECTION 51.** 102.75 (4) of the statutes is amended to read:

8 102.75 (4) From the appropriation under s. 20.445 (1) (ra), the department
9 shall allocate the amounts that it collects in application fees from employers
10 applying for exemption under s. 102.28 (2) (b) and the annual amount that it collects
11 from employers that have been exempted under s. 102.28 (2) (b) to fund the activities
12 of the department under s. 102.28 (2) (b) and (c) with respect to those employers.

History: 1975 c. 39; 1975 c. 147 s. 54; 1977 c. 195, 418; 1981 c. 20, 92; 1987 a. 27; 1991 a. 85; 1995 a. 117; 2005 a. 172; 2009 a. 206; 2013 a. 20.

(END OF INSERT)

(INSERT 14-18)

13 **SECTION 52.** 102.81 (1) (a) of the statutes is amended to read:

14 102.81 (1) (a) If an employee of an uninsured employer, other than an employee
15 who is eligible to receive alternative benefits under s. 102.28 (3), suffers an injury for
16 which the uninsured employer is liable under s. 102.03, the department or the
17 department's reinsurer shall pay to or on behalf of the injured employee or to the
18 employee's dependents an amount equal to the compensation owed them by the

1 uninsured employer under this chapter except penalties and interest due under ss.
2 102.16 (3), 102.18 (1) (b) [✓]3. and (bp), 102.22 (1), 102.35 (3), 102.57, and 102.60.

History: 1989 a. 64; 1995 a. 117; 2003 a. 144; 2005 a. 172, 253, 410; 2007 a. 97; 2009 a. 206.
(END OF INSERT)

(INSERT 16-4)

3 SECTION 53. 165.066 of the statutes is amended to read:

4 165.066 Assistant attorney general; unemployment insurance and
5 worker's compensation law enforcement. The attorney general shall assign at
6 least 0.5 assistant attorney general position to assist in the investigation and
7 prosecution of noncompliance with ch. 108 and at least 1.0 assistant attorney general
8 position to assist in the investigation and prosecution of suspected fraudulent
9 activity related to worker's compensation.

History: 2005 a. 86.

10 SECTION 54. 165.60 of the statutes is amended to read:

11 165.60 Law enforcement. The department of justice is authorized to enforce
12 ss. 101.123 (2), (2m), and (8), 175.60 (17) (e), 944.30, 944.31, 944.33, 944.34, 945.02
13 (2), 945.03 (1m), and 945.04 (1m) and ch. 108 and, with respect to a false statement
14 submitted or made under s. 175.60 (7) (b) or (15) (b) 2. or as described under s. 175.60
15 (17) (c), to enforce s. 946.32, is authorized to assist the department of workforce
16 development in the investigation and prosecution of suspected fraudulent activity
17 related to worker's compensation as provided in s. 102.125, [✓] and is invested with the
18 powers conferred by law upon sheriffs and municipal police officers in the
19 performance of those duties. This section does not deprive or relieve sheriffs,
20 constables, and other local police officers of the power and duty to enforce those
21 sections, and those officers shall likewise enforce those sections.

History: 1975 c. 39; 1985 a. 29; 1989 a. 97; 2003 a. 33; 2005 a. 86; 2009 a. 12; 2011 a. 35.

SECTION 55. Nonstatutory provisions.

(1) FRAUD INVESTIGATION AND PROSECUTION; DEPARTMENT OF JUSTICE POSITION AUTHORIZATION. The authorized FTE positions for the department of justice are increased by 1.0 PR-S position, to be funded from the appropriation under section 20.455 (2) (k) of the statutes, for the purpose of investigating and prosecuting fraudulent activity related to worker's compensation.

(2) MEDICAL EXPERT; DEPARTMENT OF WORKFORCE DEVELOPMENT POSITION AUTHORIZATION. The authorized FTE positions for the department of workforce development are increased by 1.0 SEG position, to be funded from the appropriation under s. 20.445 (1) (ra) of the statutes, for the purpose of providing a medical expert to assist in the administration of the worker's compensation program.

(3) STUDY OF TREATMENT OUTCOMES. The secretary of workforce development shall create a committee under section 15.04 (1) (c) of the statutes to review and evaluate the outcomes of treatment provided to injured employees by health care providers under the worker's compensation program. The committee shall include representatives of employers, employees, health care providers, worker's compensation insurers authorized to do business in this state, and the department of workforce development. Upon completion of the study, the committee shall report its findings, conclusions, and recommendations to the department of workforce development and the council on worker's compensation, after which the committee shall terminate its activities and cease to exist.

(END OF INSERT)

(INSERT 16-17)

~~§~~ INDEXING OF PERMANENT PARTIAL DISABILITY PAYMENTS; INFORMATION TECHNOLOGY. In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of workforce development under section 20.445 (1) (ra) of the statutes, as affected by the acts of 2013, the dollar amount is increased by \$160,000 for the second fiscal year of the fiscal biennium in which this subsection takes effect for the purpose of updating the department's information technology system to enable that system to monitor the payment of permanent partial disability benefits under section 102.44 (4m) of the statutes, as created by this act.

(END OF INSERT)

and the creation of section 102.44 (1) (c) 2. and 3. of the statutes

(INSERT 16-21)

~~§~~ FEE DISPUTES. The treatment of section 102.16 (2) (d) of the statutes first applies to a fee dispute submitted to the department of workforce development on the effective date of this subsection.

renumbering and amendment

~~§~~ REIMBURSEMENT OF SUPPLEMENTAL BENEFITS PAID. The treatment of sections 102.44 (1) (c) of the statutes first applies to supplemental benefits paid under section 102.44 (1) (ag) of the statutes on the effective date of this subsection.

~~§~~ HEALTH SERVICE FEE SCHEDULE. The treatment of sections 102.13 (1) (e) and (2) (c) (by SECTION *), 102.16 (1m) (a) and (2), 102.18 (1) (bg) 1., and 102.423 of the statutes first applies to a health service provided in the effective date of this subsection.

~~§~~ CONTINUATION OF HEALTH CARE COVERAGE. The treatment of section 102.445 of the statutes first applies to injuries occurring on the effective date of this subsection.

and the amendment repeal of section 102.16 (2) of the statutes

The bill also terminates reimbursement from the WISB fund for supplemental benefits paid by employers beginning on the effective date of the bill and

reimbursement from that fund for supplemental benefits paid by insurers beginning on July 1, 2015. For supplemental benefits paid by an insurer during the interim between the effective date of the bill and July 1, 2015, the bill provides that reimbursement of those benefits is from the worker's compensation operations fund and not from the WISB fund. To fund that reimbursement, the bill requires DWD to collect from each licensed worker's compensation carrier the proportion of reimbursement approved by DWD for supplemental benefits paid in the year before the previous year that the total indemnity paid or payable by the carrier in worker's compensation cases initially closed during the preceding calendar year bore to the total indemnity paid in cases closed the previous calendar year by all carriers.

Traumatic injuries

Under current law, an application for worker's compensation that is not filed within 12 years from the date of the injury or from the date that worker's compensation, other than for treatment or burial expenses, was last paid, whichever is later, is barred by the statute of limitations, except that in certain cases of traumatic injury (traumatic injury) there is no statute of limitations. In cases in which there is no statute of limitations, benefits or treatment expenses for traumatic injury becoming due 12 years after the date of injury or the date that compensation was last paid, whichever is later, are paid by DWD from the WISB fund if that date is before April 1, 2006.

This bill provides that benefits or treatment expenses for traumatic injury becoming due *nine* years after the date of injury or the date that compensation was last paid, whichever is later, are paid by DWD from the WISB fund, if that date is before April 1, 2006.

Indexing of benefits

Under current law, subject to certain exceptions, the amount of an injured employee's worker's compensation benefits is determined in accordance with the law that is in effect as of the date of injury, regardless of the length of time that has elapsed since that date.

This bill provides for the indexing of the weekly benefit for permanent total disability or continuous temporary total disability resulting from an injury that occurs on or after July 1, 2015. Specifically, under the bill, an injured employee who is receiving worker's compensation for permanent total disability or continuous temporary total disability more than 24 months after the date of injury resulting from an injury that occurs on or after July 1, 2015, is entitled to receive the maximum rate that is in effect at the time the benefit accrues and becomes payable for periods of disability occurring more than six years after the date of injury.

The bill similarly provides for the indexing of the weekly benefit for permanent partial disability. Specifically, under the bill, an injured employee who is receiving worker's compensation for permanent partial disability more than 200 weeks after the date of the injury is entitled to receive the maximum rate that is in effect at the

time the benefit accrues and becomes payable for periods of disability occurring more than 200 weeks after the date of injury.

(END OF INSERT)

(INSERT A-2)

Continuation of health care coverage

Currently, the family and medical leave law requires an employer to maintain group health insurance coverage during a period an employee takes family or medical leave under the conditions that applied immediately before the family or medical leave began. If the employee continues making any contribution required for participation in the group health insurance plan, the employer must continue making group health insurance premium contributions as if the employee has not taken the family or medical leave.

This bill similarly requires an employer that at the time of an injured employee's injury is providing the injured employee with group health care coverage to maintain that coverage during the injured employee's period of temporary disability under the same conditions that applied at the time of injury, without regard to the injured employee's employment status during that period. Under the bill, if during an injured employee's period of temporary disability the injured employee continues making any contributions required of the injured employee for participation in the plan providing the employee's group health care coverage, the employer must continue making any contributions required of the employer for the injured employee's participation in that plan as if the injured employee were not in a period of temporary disability.

The bill provides that any employer that fails to maintain group health care coverage for an injured employee or the employer's worker's compensation insurer is liable to the injured employee for an amount that is equal to 100 percent of the contributions required of the employer that the employer failed to pay, in addition to any temporary disability benefits payable under the worker's compensation law. Under the bill, if an employer fails to maintain group health care coverage for an injured employee as required under the bill, the injured employee may, within 30 days after the violation occurred or the injured employee should reasonably have known that the violation occurred, whichever is later, request DWD to conduct a hearing on the violation. If, after hearing, the hearing examiner finds that the employer has failed to maintain group health care coverage as required under the bill, the hearing examiner, in addition to ordering the employer to pay the injured employee the contributions for group health care coverage that the employer failed to pay, may order the employer to take action to remedy the violation, including reinstating the injured employee's group health care coverage.

Prescription drug treatment

Under current law, an employer or insurer is liable for providing medicines as may be reasonably required to cure and relieve an injured employee from the effects of an injury sustained while performing services growing out of and incidental to

employment. Current law, however, limits the liability of an employer or insurer for the cost of a prescription drug dispensed for outpatient use by an injured employee to the average wholesale price of the prescription drug as quoted in the Drug Topics Red Book (average wholesale price).

This bill provides that if a prescription drug dispensed for outpatient use by an injured employee is a repackaged prescription drug, the liability of the employer or insurer for the cost of the repackaged prescription drug is limited to the average wholesale price of the prescription drug set by the original manufacturer of the prescription drug, except that if the National Drug Code number of the prescription drug as packaged by the original manufacturer cannot be determined from the billing statement submitted to the employer or insurer, that liability is limited to the average wholesale price of the lowest-priced drug product equivalent. That limitation of liability, however, does not apply to a repackaged prescription drug dispensed from a retail, mail-order, or institutional pharmacy.

(END OF INSERT)

(INSERT A-3)

Health care records in electronic format

Under current law, a physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, advance practice nurse prescriber, hospital, or health service provider, upon request by an injured employee, employer, insurer, or DWD, must provide that person with any written material that is reasonably related to an injury for which the employee claims worker's compensation, upon payment of the actual cost of providing those materials, not to exceed the greater of 45 cents per page or \$7.50 per request, plus the actual costs of postage.

This bill permits that material to be provided in electronic format upon payment of \$26 per request.

(END OF INSERT)

(INSERT A-4)

Prospective vocational rehabilitation training orders

Under current law, any party in interest may submit to DWD any controversy concerning worker's compensation and DWD, after hearing, must issue an order determining the rights of the parties regarding the controversy. Current law also permits DWD to issue interlocutory, *i.e.*, nonfinal, findings, orders, and awards, which may be enforced in the same manner as final awards. Current law specifically permits DWD to include in an interlocutory or final award or order an order directing the employer or insurer to pay for any future treatment that may be necessary to cure and relieve an injured employee from the effects of the employee's injury.

This bill permits DWD to include in an interlocutory or final award or order an order directing the employer or insurer to pay for a future course of instruction or

other rehabilitation training services provided under a rehabilitation training program to an injured employee whose permanent work restrictions limit the employee to employment with the employer for whom the employee worked at the time of injury at a rate of pay that is less than 85 percent of the employee's preinjury average weekly wage.

(END OF INSERT)

(INSERT A-5)

Health service fee disputes

Under current law, if a health service provider, injured employee, insurer, or employer submits to DWD a dispute over the reasonableness of a health service fee charged by the health service provider for services provided to the injured employee, DWD must determine the reasonableness of the disputed fee by comparing the disputed fee to the mean fee for the procedure for which the disputed fee was charged, as shown by data from a database certified by DWD. If the disputed fee is at or below the mean fee, plus 1.2 standard deviations from that mean, DWD must determine that the disputed fee is reasonable and order the fee to be paid. If the disputed fee is above the mean fee, plus 1.2 standard deviations from that mean, DWD must determine that the disputed fee is unreasonable and order that a reasonable fee be paid, unless the health service provider proves that a higher fee is justified. This bill lowers the standard deviations used to determine the reasonableness of a disputed health service fee to 0.7 standard deviations from the mean.

Health services fee schedule

The bill eliminates the health service fee dispute resolution procedure under current law on July 1, 2015, and instead requires DWD to establish a schedule of the maximum fees that a health care provider may charge an employer or insurer for health services provided to an injured employee who claims worker's compensation benefits. Under the bill, the liability of an employer or insurer for a health service included in the fee schedule is limited to the maximum fee allowed under the schedule for that health service as of the date on which the health service was provided or the health care provider's actual fee for the health service as of that date, whichever is less.

The bill requires DWD, in determining those maximum fees, to divide the state into five regions based on geographical and economical similarity, including similarity in the cost of health services, and, for each region, to: 1) determine the average payment made by insured and self-insured group health plans for each health service included in the schedule; and 2) set the maximum fee for each health service included in the schedule at 110 percent of that average payment.

The bill also requires DWD to adjust those maximum fees annually by the change in the consumer price index and, no less often than every two years, to redetermine the average payment made by group health plans for the services included in the schedule and revise those maximum fees based on that redetermined average.

Investigation and prosecution of fraudulent activity

Under current law, if an insurer or self-insured employer has evidence that a worker's compensation claim is false or fraudulent and if the insurer or self-insurer is satisfied that reporting the claim will not impede its ability to defend the claim, the insurer or self-insured employer must report the claim to DWD. DWD may then require the insurer or self-insured employer to investigate the claim and report the results of the investigation to DWD. If based on the investigation, DWD has a reasonable basis to believe that criminal insurance fraud has occurred, DWD must refer the matter to the district attorney for prosecution.

This bill permits DWD to request the Department of Justice (DOJ) to assist DWD in an investigation of a false or fraudulent worker's compensation claim of any other suspected fraudulent activity on the part of an employer, employee, insurer, health care provider, or other person related to worker's compensation. If based on the investigation, DWD has a reasonable basis to believe that theft, forgery, fraud, or any other criminal violation has occurred, DWD must refer the matter to the district attorney or DOJ for prosecution.

(END OF INSERT)

(INSERT A-~~6~~)

Self-insured employers

Election by governmental employer to self-insure. Under current law, every employer that is subject to the worker's compensation law must carry worker's compensation insurance from an insurer that is authorized to do business in this state (duty to insure), except that DWD may exempt an employer from the duty to insure if the employer shows that it can self-insure its worker's compensation liability and if the employer agrees to report all compensable injuries and to comply with the worker's compensation law and the rules of DWD. DWD rules, however, permit the state or a local governmental unit (governmental employer) to self-insure without further order of DWD.

This bill codifies those DWD rules into the statutes. Specifically, the bill permits a governmental employer to elect to self-insure its worker's compensation liability without further order of DWD if the governmental employer agrees to report all compensable injuries and to comply with the worker's compensation law and the rules of DWD. Under the bill, a local governmental unit that elects to self-insure its liability for the payment of worker's compensation must notify DWD of that election in writing before commencing to self-insure that liability, must notify DWD of its intent to continue to self-insure that liability every three years after that initial notice, and must notify DWD of its intent to withdraw that election not less than 30 days before the effective date of that withdrawal.

Revocation of governmental employer election to self-insure. Current law permits DWD, after seeking the advice of the Self-Insurer's Council, to revoke an exemption from the duty to insure if DWD finds that the employer's financial condition is inadequate to pay its employees' claims for compensation, that the

X employer has received an excessive number of claims for compensation, or that the employer has failed to discharge faithfully its obligations according to the agreement contained in the application for exemption.

X This bill permits DWD to revoke an election by a governmental employer to self-insure its liability for worker's compensation, without seeking the advice of the Self-Insurer's Council, if DWD finds that the governmental employer's financial condition is inadequate to pay its employees' claims for compensation, that the governmental employer has received an excessive number of claims for compensation, or that the governmental employer has failed to discharge faithfully its obligations under the worker's compensation law and the rules of DWD. Under the bill, once such an election is revoked, the governmental employer whose election is revoked may not elect to self-insure its liability for the payment of worker's compensation unless at least three calendar years have elapsed since the revocation and DWD finds that the governmental employer's financial condition is adequate to pay its employees' claims for compensation, that the governmental employer has not received an excessive number of claims for compensation, and that the governmental employer has faithfully discharged its obligations under the worker's compensation law and the rules of DWD.

Self-insured employer assessments. Current law establishes a self-insured employers liability fund, consisting of assessments paid into the fund by self-insured employers, that is used to pay the worker's compensation liability of current or former self-insured employers that cannot pay that liability. Under current law, on issuance of an order exempting an employer from the duty to insure, the exempt employer must pay into the fund an amount that is equal to the amount assessed upon each other exempt employer (initial assessment). Subsequent assessments, however, are prorated on the basis of the gross payroll for this state of the exempt employer, as reported to DWD for the previous calendar year for purposes of unemployment insurance.

This bill requires an initial assessment, as well as subsequent assessments, for the self-insurer's fund to be prorated on the basis of the gross payroll for this state of the exempt employer, as reported to DWD for the previous calendar year for purposes of unemployment insurance.

X The bill also removes governmental employers from the coverage of the self-insurer's fund. Specifically, the bill prohibits DWD from: 1) requiring a governmental employer that elects to self-insure its liability for the payment of worker's compensation to pay into the self-insurer's fund; and 2) making payments from that fund for the liability under the worker's compensation law of such an employer, whether currently or formerly exempt from the duty to insure.

Study of treatment outcomes

Finally, the bill requires the secretary of workforce development to create a committee to review and evaluate the outcomes of treatment provided to injured employees by health care providers under the worker's compensation program. The committee must include representatives of employers, employees, health care providers, worker's compensation insurers authorized to do business in this state, and DWD. Upon completion of the study, the committee must report its findings,

conclusions, and recommendations to DWD and the Council on Worker's
Compensation, after which the committee ceases to exist.

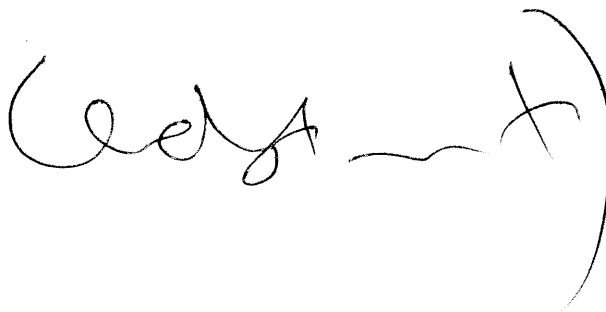
(END OF INSERT)

Insert 19-5 to Insert 14-2

Section #. 102.425 (4m) (b) of the statutes is amended to read:

102.425 (4m) (b) ^{3.} An employer or insurer that disputes the reasonableness of the amount charged for a prescription drug dispensed under sub. (2) for outpatient use by an injured employee or the department under sub. (4) (b) or s. 102.16 (1m) (c) or 102.18 (1) (bg) 3. shall provide, within 30 days after receiving a completed bill for the prescription drug, reasonable written notice to the pharmacist or practitioner that the charge is being disputed. After receiving reasonable written notice under this paragraph or under sub. (4) (b) or s. 102.16 (1m) (c) or 102.18 (1) (bg) ~~1.~~ that a prescription drug charge is being disputed, a pharmacist or practitioner may not collect the disputed charge from, or bring an action for collection of the disputed charge against, the employee who received the prescription drug.

History: 2005 a. 172; 2007 a. 185; 2009 a. 206.



DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3729/P2dn

GMM... 15f

Date

Jim:

In reviewing this draft, please note all of the following:

1. **Worker's compensation fraud.** To capture the crimes that might be revealed by a worker's compensation fraud investigation, the draft includes cross references to s. 943.20 (theft), 943.38 (forgery), 943.39 (fraudulent writings), 943.392 (fraudulent data alteration), 943.395 (fraudulent insurance claims as under current law), and 943.40 (fraudulent destruction of certain writings). The draft also includes a catch-all reference to "any other criminal law." If you think that any of these references would not be applicable or that any other criminal laws should be specifically referenced, please advise.

In addition, the draft amends ss. 20.445 (1) (ra) to provide for the transfer of moneys to DOJ, creates 1.0 fraud investigation position in DOJ by way of a nonstatutory provision, and amends ss. 165.066 and 165.60 to track current language relating to unemployment compensation fraud investigations.

2. **Medical expert position.** New positions are authorized in a bill either by a nonstatutory provision or by a fiscal change provision. Except for certain types of positions, e.g., unclassified division administrator positions, see s. 230.08 (2), positions do not need to be authorized in the statutes. Accordingly, this draft does not include statutory language authorizing a medical expert position. Rather, the draft authorizes that position in a nonstatutory provision.

3. **Repackaged drugs.** The drafting instructions included a requirement that the original manufacturer of the prescription drug may not be the manufacturer of the repackaged drug. This draft does not include that requirement for all of the following reasons:

☐ a. That requirement creates an ambiguity, i.e., so what happens if the original manufacturer is the manufacturer of the repackaged drug? The instructions do not answer that question.

☐ b. That requirement was included in earlier drafts of the Florida repackaged drug law (see 2013 Florida SB 662), but was omitted from the version that ultimately became law (see s. 440.13 (12) (c), Florida Statutes. See also Indiana Code 22-3-3-4.5(c), which similarly does not include that requirement.

CRS:
I
fixed

4. ***Continuation of group health insurance coverage.*** In drafting this provision I borrowed from a similar requirement in the Family and Medical Leave law, specifically s. 103.10 (9) (b), which requires both the employer and employee to continue making contributions as if the employee were not on leave, s. 103.19 (9) (d), which governs the period within which to convert to individual coverage if the employee quits his or her employment during the leave, and s. 103.10 (12) (b), which requires an employee to file a complaint alleging a violation within 30 days after the employee knew or should have known of the violation. I know that family leave disputes need to be resolved sooner rather than later, so I would think that the same analysis would apply to disputes over continuation of health care coverage.

5. ***Supplemental benefits funding.*** The drafting instructions mentioned that s. 102.65 (2) might need to be conformed as a result of the provisions of the draft eliminating reimbursement from the work injury supplemental benefits (WISB) fund of supplemental benefits paid by an employer or insurer. I think, however, that we need to retain in s. 102.65 (2) and (3) the references to supplemental benefits under s. 102.44 (1) because the WISB fund would still be liable in the first instance for supplemental benefits for occupational disease and traumatic injuries under s. 102.66 as referenced in s. 102.44 (1).

If as you review this draft you have any questions, please do not hesitate to contact me directly at the phone number or e-mail address captioned below.

Gordon M. Malaise
Senior Legislative Attorney
Phone: (608) 266-9738
E-mail: gordon.malaise@legis.wisconsin.gov

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3729/P2dn
GMM:kjf:jf

January 8, 2014

Jim:

In reviewing this draft, please note all of the following:

1. ***Worker's compensation fraud.*** To capture the crimes that might be revealed by a worker's compensation fraud investigation, the draft includes cross-references to s. 943.20 (theft), 943.38 (forgery), 943.39 (fraudulent writings), 943.392 (fraudulent data alteration), 943.395 (fraudulent insurance claims as under current law), and 943.40 (fraudulent destruction of certain writings). The draft also includes a catch-all reference to "any other criminal law." If you think that any of these references would not be applicable or that any other criminal laws should be specifically referenced, please advise.

In addition, the draft amends s. 20.445 (1) (ra) to provide for the transfer of moneys to DOJ, creates 1.0 fraud investigation position in DOJ by way of a nonstatutory provision, and amends ss. 165.066 and 165.60 to track current language relating to unemployment compensation fraud investigations.

2. ***Medical expert position.*** New positions are authorized in a bill either by a nonstatutory provision or by a fiscal change provision. Except for certain types of positions, *e.g.*, unclassified division administrator positions, see s. 230.08 (2), positions do not need to be authorized in the statutes. Accordingly, this draft does not include statutory language authorizing a medical expert position. Rather, the draft authorizes that position in a nonstatutory provision.

3. ***Repackaged drugs.*** The drafting instructions included a requirement that the original manufacturer of the prescription drug may not be the manufacturer of the repackaged drug. This draft does not include that requirement for all of the following reasons:

a. That requirement creates an ambiguity, *i.e.*, so what happens if the original manufacturer *is* the manufacturer of the repackaged drug? The instructions do not answer that question.

b. That requirement was included in earlier drafts of the Florida repackaged drug law (see 2013 Florida SB 662), but was omitted from the version that ultimately became law (see s. 440.13 (12) (c), Florida Statutes). See also Indiana Code 22-3-3-4.5 (c), which similarly does not include that requirement.

4. ***Continuation of group health insurance coverage.*** In drafting this provision I borrowed from a similar requirement in the Family and Medical Leave law, specifically s. 103.10 (9) (b), which requires both the employer and employee to continue making contributions as if the employee were not on leave, s. 103.19 (9) (d), which governs the period within which to convert to individual coverage if the employee quits his or her employment during the leave, and s. 103.10 (12) (b), which requires an employee to file a complaint alleging a violation within 30 days after the employee knew or should have known of the violation. I know that family leave disputes need to be resolved sooner rather than later, so I would think that the same analysis would apply to disputes over continuation of health care coverage.

5. ***Supplemental benefits funding.*** The drafting instructions mentioned that s. 102.65 (2) might need to be conformed as a result of the provisions of the draft eliminating reimbursement from the work injury supplemental benefits (WISB) fund of supplemental benefits paid by an employer or insurer. I think, however, that we need to retain in s. 102.65 (2) and (3) the references to supplemental benefits under s. 102.44 (1) because the WISB fund would still be liable in the first instance for supplemental benefits for occupational disease and traumatic injuries under s. 102.66 as referenced in s. 102.44 (1).

If as you review this draft you have any questions, please do not hesitate to contact me directly at the phone number or e-mail address captioned below.

Gordon M. Malaise
Senior Legislative Attorney
Phone: (608) 266-9738
E-mail: gordon.malaise@legis.wisconsin.gov

Malaise, Gordon

From: O'Malley, Jim T - DWD <Jim.OMalley@dwd.wisconsin.gov>
Sent: Thursday, January 16, 2014 11:46 AM
To: Malaise, Gordon
Subject: CHANGES TO WCAC "AGREED UPON BILL" DRAFT

You did a good job in drafting the amendments to Chapter 102, Stats. This is a very complex bill. The following changes should be made to the draft bill.

✓ On page 3 of the analysis under **Supplemental benefits** in the first sentence of the third paragraph it states that reimbursement for supplemental benefits from WISB paid by insurers beginning July 1, 2015. This is incorrect. Reimbursement to insurers will terminate from WISB on the effective date of the bill. For injuries on and after July 1, 2015 there will be the indexing of compensation for individuals collecting permanent total disability or continuous temporary total disability for 24 months after six (6) years.

In the second sentence as drafted is also not correct. For supplemental benefits paid by an insurer during the interim between the effective date of the bill provides that reimbursement of those benefits is from the worker's compensation operations fund and not WISB for injuries occurring before July 1, 2015.

✓ On page 4 of the analysis under **Traumatic injuries** there information in the draft is correct. However, there is no specific mention that the statute of limitations for traumatic injuries is reduced from 12 years to 9 years.

✓ On page 4 of the analysis under **Indexing of benefits** in the last sentence of the last paragraph the language provides that indexing of permanent partial disability (PPD) will occur more than 200 weeks after the date of injury. This is incorrect. The indexing of compensation for PPD will occur more than 200 weeks after the first payment of PPD.

✓ On page 5 of the analysis under **Continuation of health care coverage** in the fourth line of the second paragraph reference is made to maintain coverage under the same conditions that applies at the time of injury. The WCAC agreed that the term "same conditions" should not be used in the amendment because an employer may need to change group health coverage and the conditions may be different under the new coverage. I explained this below. The intent is for the employer to provide the same coverage that is provided to other employees.

✓ In the third paragraph language should be modified to reflect the WCAC did not agree to the 30 day time period for an employee to request a hearing or to provide reinstatement of group health care coverage as an available remedy.

✓ On page 8 of the analysis under **Health service fee schedule** the first sentence of the first paragraph should be changed to show that the bill eliminates the health service fee dispute resolution procedure when the fee schedule goes into effect and become operational. After further consideration the WCAC determined the fee schedule may not be in operation by July 1, 2015 and the dispute resolution process should be maintained until such time as the fee schedule is in operation.

✓ In the second sentence of the first paragraph there should also be mention that negotiated contractual fees or prices are included in the maximum fee allowed. I explained this in more detail below.

In the third paragraph consumer price index (CPI) is mentioned. The fee schedule is to be adjusted annually by the medical CPI.

✓ On page 16, Section 13, s. 102.07 (12m) (a) 1., line 7 there is a question about the applicability of the amendment to "a tribally controlled college" of an Indian tribe not subject to ch. 102, Stats. We believe the amendment applies only to "a tribally controlled college" an Indian tribe that has waived sovereign immunity and voluntarily elected to be subject to ch. 102, Stats., and not to Indian tribes that are not subject to ch. 102, Stats. Do you believe that additional language is needed?

✓ On page 16, Section 13, s. 102.07 (12m) (a) 2., line 10 there should be a quotation mark before "Private school".

✓ The WCAC specifically requested that we need to continue the reasonableness of fee dispute resolution process in s. 102.16 (2), Stats., if the Department is not able to get the medical fee schedule in operation by July 1, 2015. Language in the draft should be changed to keep the reasonableness of fee dispute resolution process in s. 102.16 (2) in effect until the medical fee schedule goes into effect. Section 20, s. 102.13 (1) (c), lines 7-8 on page 19, Section 23, s.102.13 (2) (c), lines 1-3 on page 21, Section 24, s.102.16 (1m) (a), line 4 on page 21 and Section 25, s.102.16 (2), lines 5-6 on page 21 all need to remain in effect for as long as the reasonableness of fee dispute resolution process is in effect. Please make the necessary changes on pages 51-52 in Sections 84 & 85 to keep the reasonableness of fee dispute resolution process in effect until the fee schedule becomes operational and goes into effect.

✓ On page 22, Section 28, s. 102.17 (4), needs further modification to clearly state the statute of limitations will be 9 years for traumatic injuries and 12 years for occupational diseases. In line 22 the language correctly provides that payments for the specified traumatic injuries from the WISBF are due 9 years after the date of injury, death or last payment of compensation. However, the WISBF is not responsible for payments for all traumatic injuries. The language in the draft provides for a 12 year statute of limitations for all other traumatic injuries that are not specified in s. 102.17 (4). I suggest the following language for lines 7-12:

"102.17 (4) Except as provided in this subsection and s. 102.555 (12) (b), the right of an employee, the employee's legal representative, or a dependent to proceed under this section in case of occupational disease shall not extend beyond 12 years or in case of traumatic injury shall not extend beyond 9 years after the date of injury or death or after the date that compensation, other than for treatment or burial expenses, was last paid, or would have been last payable if no advancement were made, whichever date is latest."

✓ On page 23, Section 29, s. 102.18 (1) (b) 2., lines 17-19 the language in the draft may be too limiting. The intent is for this amendment to apply to an employee whose permanent work restrictions cannot be accommodated by employment with their employer with at least 85% of pre-injury wage. The language should be clear that a prospective order may be issued for retraining where either the employee is not reemployed at any employment with the employer at time of injury or any other employer (employee is not working and has no wages) and where the employer has reemployed the worker but at wages less than 85% of the pre-injury wage. The current language in the draft seems to address the later situation and not the far more common situation of no employment.

Suggested language for lines 16-19 is as follows:

" under a rehabilitation training program developed under s. 102.61 (1) or (1m) if the employer of the employee at the time of injury does not provide employment that is both within the employee's permanent work limitations and that provides wages within 85% of the pre-injury average weekly wage,

✓ On page 28-29, Section 39, s. 102.28 (2) (bm) we have a question about use of "local government unit". There is a concern that "local governmental unit" includes governmental units that do not have their own independent taxing authority. The intent is that governmental units with their own taxing authority can become self-insured for worker's compensation purposes under the process in s. 102.28 (bm). If "local governmental unit" includes governmental units that do not have their own independent taxing authority, language to require independent taxing authority needs to be included. We must avoid a situation where a local government unit without independent taxing authority of their own becomes self-insured for worker's compensation purposes under this process, and later does not have the financial ability to pay bona fide WC claims.

I suggest the following language on page 28, section 39, S. 102.28 (2) (bm) 1., line 3:

"Subject to subds. 2. to 4., if the state or a local governmental unit with independent taxing authority is not partially"

✓ On page 34, Section 50, s. 102.423 (1) (a) 1 & 2., lines 20-23 the language needs to be changed. The current language sets the maximum allowable fee payable to health care providers at 110% of the average payment by group health. This is not what the WCAC intended. The WCAC does not want to short health care providers with the fee schedule only paying amount actually paid by a group health plan to the provider. To capture the correct dollar amounts the WCAC wants to use the average group health insurance payment for health care services plus any deductibles or copayments a patient seeing a health care provider for a non-worker's compensation visit would also be paying. The

intent is for health care providers to be paid 110% of the amount they would normally get in total from all payment sources for providing the same medical service to a patient with no worker's compensation claim. In other words the maximum fee will be based on the average payment from the group health insurance or plan for a health care service and in addition any deductibles and copayments for that health care service. We are not sure of the correct term to use for this. A term that may be used for this is "maximum allowable amount". If you are aware of the correct term to use, please include in the next draft. On page 35, Section 50, s. 102.423 (1) (a) 2., lines 3-4 may also need to be modified to reflect the maximum allowable amount.

On page 36, Section 50, s. 102.423 (2), lines 1-3 provides the liability for employers and insurers is limited to the maximum fee allowed by the fee schedule for the health care service as of the date it was provided or the health care provider's actual fee, whichever is less. WCAC also wanted to include a provision about fees or rates that are included in contracts negotiated between worker's compensation insurers and self-insured employers with health care providers. There are some situations where worker's compensation insurers and self-insured employers have negotiated contractual prices with health care providers for health care services provided to injured employees. The negotiated contractual fees or rates may be lower than the maximum fee allowed in the fee schedule. The WCAC wants the negotiated contractual fee or rate amount accepted in this process with the liability of the WC insurer or self-insured employer to be set at the amount that is in the contract negotiated between the parties as the maximum fee allowed. In other words the price in the agreement between the insurer/employer will prevail. I am not sure if language for this should be included in s. 102.423 (2) in the draft or whether this should be included in another paragraph.

On page 41, Section 63, s. 102.44 (1) (c) 3, lines 4-5, the language in the draft provides that funding reimbursement for supplemental benefits does not apply to supplemental benefits paid on or after July 1, 2015. The intent is to provide funding for supplemental benefit reimbursements for all claims with injury dates before July 1, 2015. This funding provision is intended to remain in effect for many years. This provision will provide funding for all current supplemental benefit claims, the increased benefit rates and additional people that will be covered by advancing supplemental benefit eligibility forward by 2 years. See Sections 57-60 on pages 38-40. This funding provision will also provide funding for future advances in supplemental benefit eligibility that may include injury dates from January 1, 2003-June 30, 2015. For injury dates on and after July 1, 2015 injured employees will be eligible for the automatic indexing of benefits as included in the amendment contained in s. 102.44 (1m) (Section 64). I suggest the following language for lines 4-5:

"102.44 (1) (c) 3. This paragraph does not apply to supplemental benefits based on injury dates on and after July 1, 2015."

On pages 42-43, Sections 67 & 68, s. 102.44 (4) (b) & (4m) the language needs to be changed to state the indexing of permanent partial disability (PPD) begins after 200 weeks of PPD payments instead of more than 200 weeks after the date of injury. In most WC cases injured employees receive compensation for temporary disability (temporary total or temporary partial) while recovering during the healing period and then begin to receive compensation for PPD. Following injuries employees may receive compensation for temporary disability for days, weeks, months or years before receiving compensation for PPD.

The following language change should be made in Section 67, s. 102.44 (4) (b), lines 17-18 on page 42:

"102.44 (4) (b) The weekly indemnity for periods of disability occurring more than 200 weeks after the ~~date of injury~~ first week of permanent partial disability shall be paid as provided in sub. (4m)."

The following language change should be made in Section 68, s. 102.44 (4m), line 24 on page 42:

"~~weeks after the date of injury~~ first week of permanent partial disability shall be made as follows:"

The following language change should be made in Section 68, s. 102.44 (4m) (a), line 3 on page 43:

"~~occurring more than 200 weeks after the date of injury~~ first week of permanent partial disability shall be at the maximum rate"

The following change should be made in Section 68, s. 102.44 (4m) (b), line 7:

"disability occurring more than 200 weeks after the ~~date of injury~~ first week of permanent partial disability shall be in an"

✓ On page 43, Section 69, s. 102.445 (2), lines 20- 21 the language needs to be modified to address concerns about changes in the employer's health insurance policy or plan that may have occurred since the date of injury. The current language in the draft at the end of line 20 and beginning of line 21 provides, "...under the same conditions that applied at the time of injury..." An employer may change health insurance coverage for its employees after an employee sustains a work-related injury and it may not be possible for the employer to continue the exact same coverage. The intent is for the employer to provide the coverage that is the same as provided to other employees.

I suggest that s. 102.445 (2) in the draft be renumbered to s. 102.445 (2) (a) and add the following as s. 102.445 (2) (b):

" if after the date of injury but during the period of temporary disability the employer's group health benefit plan, group health plan or self-insured plan as described in sub. (1) is changed and the changes are applicable to all other non-injured employees of that employer, the employer's obligation under this section for periods of changed coverage is for continuation of the group health benefit plan, group health plan or self-insured plan as is then provided to non-injured employees of that employer."

✓ On page 44, Section 69, s. 102.445 (4), lines 12-19 language changes are necessary. The remedy for an employee whose employer does not maintain health insurance coverage under the same terms and conditions as at the time of injury is to request a hearing to claim payment for an amount of money equal to 100% of the employer's contribution and this amount will be in addition to temporary disability due to the employee for the injury and will not be subject to the maximum limit specified in s. 102.11, Stats. The intent is not to provide reinstatement of the health insurance coverage as a remedy or set a time to request a hearing.

The following language change should be made in the draft in Section 69, s. 102.445 (4), lines 12-19:

"(4) Any injured employee whose employer fails to maintain group health care coverage for the injured employee as required under sub. (2) may, ~~within 30 days after the violation occurred or the injured employee should have reasonably have known that the violation occurred, whichever is later,~~ request a hearing on the violation under s. 102.17. If, after hearing, the examiner finds that the employer has violated sub. (2), the examiner, ~~in addition to may~~ ordering the employer to pay the injured employee the amount for which the employer is liable under sub. (3). ~~may order the employer to take action to remedy the violation, including reinstating the injured employee's group health coverage."~~

There is concern that the draft language in s. 102.445 (4) does not apply to employees with disputed injury claims. The intent is for the remedy of claiming the dollar amount for which the employer is liable to apply to employees with disputed claims that are later found to be compensable to be able to collect the same damages.

The following language was provided to me and suggested:

" If the injury or period of temporary disability is disputed, and the employee files application for hearing and the injury or period of disability is later found compensable, the employer is liable for the same health care coverage benefits to the employee as set forth in sub. (2) and the employee is eligible for the recovery of moneys as set forth in sub. (3)."

✓ On page 46, Section 72, s. 102.75 (1g), lines 13-14 the language needs to be changed. The supplemental benefit reimbursement process will continue for a number of years and well beyond December 31, 2016.

The following language change should be made in Section 72, s. 102.75 (1g), lines 13-14:

"does not apply to claims for reimbursement under s. 102.44 (1) (c) 1. ~~received after December 31, 2016 based on injury dates on or after July 1, 2015.~~"

✓ On page 48, Section 78, s. 102.81 (1) (c) 2. line 14, the following language change should be made.

"payments made from the uninsured employers fund on each such claim in the preceding year, and the total"

✓ On page 48, Section 78, s. 102.81 (1) (c) 3. lines 16-19, the language of this subdivision in the draft should be changed. The formula in the subdivision is correct for the first year but will not be correct for later years because the formula does not consider payments made on a claim from an earlier year.

The following language change should be in Section 78, s. 102.81 (1) (c) 3., lines 17-19:

~~"The secretary of administration shall determine the amount to be transferred under subd. 1 in for a calendar year. by multiplying the number of claims set forth under subd. 2. by 1,000,000 and subtracting that product from the total payments set forth under subd. 2."~~

✓ On page 49, Section 79, s. 108.10 (4), line 12, please make the following change: "defendant in the summons and complaint commencing the action."

✓ On page 49, Section 80, s. 165.066, line 17, the reference to at least 1.0 attorney general position should be changed to at least 1.0 position at the Department of Justice. The intention is to provide funding for 1.0 position at the Department of Justice to cover both an investigator to investigate suspected fraudulent activity and an assistant attorney general to prosecute. If not necessary the amendment to s. 165.066 should be deleted.

✓ On page 52, Section 84, **Initial applicability**, the WCAC agreed to a request from the Labor and Industry Review Commission (LIRC) about initial applicability dates to add the following:

" () PETITIONS FOR COMMISSION REVIEW. The treatment of sections 102.18 (3) and 102.18 (4) (b) (Sections 31 and 32) first applies to petitions filed on January 1, 2015."

✓ " () JUDICIAL REVIEW OF COMMISSION DECISIONS. The treatment of sections 102.23 (1) (a), 102.23 (1) (c), 102.23 (1) (cm), and 108.10 (4) (SECTIONS 34,35,36,and 79) first applies to actions commenced in circuit court on July 1, 2014."

I hope this information is useful.

Let me know if you have any questions.

Thank you for your work on this project.